Preventing Harm, Promoting Recovery

Scotland's Alcohol & Drugs Strategic Plan

2026 – 2035

COSLA

Scottish Government
Riaghaltas na h-Alba

Contents

Joint Foreword

Scotland continues to face levels of alcohol and drug related harm that are simply unacceptable. Every life lost to alcohol and drugs is a tragedy, and behind each statistic is a family and community in grief. Knowing that each loss is preventable puts into stark focus the importance of this work, and why our response must remain rooted in compassion, evidence and human rights.

People's lives are often complex, and substance use may be just one of the several challenges faced. Many people use substances to cope with distress, trauma and mental health issues. This reinforces the need for coordinated, multi-agency support and underlines the important role of communities in providing connection, belonging and supportive environments. As a joint Scottish Government-COSLA initiative, this Plan will help to strengthen national and local partnership working so that people can receive the right help when and where they need it.

This Plan is grounded in a human rights-based approach, outlined by the Charter of Rights for People Affected by Substance Use, that recognises everyone's right to health, equality and participation in decisions affecting their lives. At its heart is a renewed pledge to ensure that people and families receive person-centred care. It sets out a broad approach to addressing alcohol and drug harms - spanning prevention and early intervention; harm reduction; treatment and care; and the wider circle of support including services beyond specialist alcohol and drug services, which collectively enable recovery and wellbeing.

We remain unwavering in our commitment to a public health approach to substance use, and are committed to pursuing further evidence-based measures to reduce harm, protect health and save lives.

The Plan builds on the progress achieved in recent years, whilst recognising the scale, complexity and dynamic nature of the challenges we face. Changes in the supply chain of drugs, the emergence of synthetic substances, and cultural trends directly influence the harms experienced, which is why this is designed as an enabling strategy, setting out long-term aims alongside shorter term commitments which will be reviewed and updated on a regular basis. This approach is complemented by high-level enforcement activity, led by Police Scotland in partnership with agencies in Scotland, the UK and internationally, to tackle illegal drug supply and disrupt organised crime groups.

We know that wider social and economic conditions, including poverty and inequality contribute to substance use and can make recovery harder to achieve. The Scottish Government and COSLA are committed to creating the conditions that enable people to live longer, healthier lives through upstream action, across the wider determinants of health, as set out in the Population Health Framework.

We are deeply grateful to those who generously shared their experiences and insights to shape the development of this Strategic Plan. While the landscape continues to evolve, our purpose remains constant.

By working collaboratively, maintaining focus and continuing to listen to the voices of those most affected, we can build a Scotland where fewer lives are lost or irreparably harmed by alcohol and drugs, and everyone has the opportunity to live with dignity, meaningful connection and hope.

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Introduction

This Alcohol & Drugs Strategic Plan (2026-2035) represents the next phase in our response to tackling alcohol and drug harms, replacing and building upon the learning and momentum of previous frameworks, including:

- Rights, Respect and Recovery (2018), which aimed to embed a human rights-based and recovery-oriented approach to both alcohol and drugs treatment and support;
- The Alcohol Framework (2018), which advanced population-level measures to reduce alcohol-related harm;
- The National Mission on Drug Deaths (2021), which prioritised saving and improving lives through urgent and focused action; and
- The Cross Government Plan on Drugs (2023), which was the response to the Drug Deaths Taskforce and aimed to foster whole-system collaboration and action.

By amalgamating these earlier efforts, this Plan offers a unified, long-term approach grounded in evidence. Whilst we recognise the differences in regulatory frameworks for alcohol and drugs – and therefore the distinct opportunities for prevention – there are significant areas of overlap. These include shared causal factors, common approaches to treatment and support, and the similar impacts experienced by individuals and families. A joint approach across alcohol and drugs enables a more coherent and coordinated response, strengthening our ability to address joint harms and deliver meaningful change.

The Plan sets out further action we are taking to build on our response to the recommendations and learning from the Drug Deaths Taskforce Changing Lives report (2022), the work of the National Collaborative, Audit Scotland's report on Alcohol & Drug Services (2024), the Scottish Parliament People's Panel report (2025) and findings from the independent evaluation of the National Mission by Public Health Scotland. This Plan is designed to incorporate lessons learned, embed long-term change and shift our work towards a more sustainable approach.

This Plan is a key component of Scotland's broader public health ambitions:

- The Population Health Framework which seeks to address the wider determinants of health, increase life expectancy and reduce inequalities; and
- The Service Renewal Framework which guides the transformation of health and social care services towards being more person-centred and community-based, and to harness digital technologies to improve access, efficiency, and outcomes.

Scotland's strategic response to alcohol and drug harms will continue to be firmly rooted in a public health and human rights approach – as advocated for by the United Nations (UN) and World Health Organization (WHO). Despite progress, Scotland continues to experience some of the highest rates of drug-related deaths in Europe and significant levels of alcohol-related harm. We recognise substance use as a complex health and social issue often driven by trauma, poverty, inequality and marginalisation. A public health approach prioritises prevention and evidence informed interventions, which are key to achieving long-term reductions in harm and promoting recovery.

The Plan has been informed by significant engagement, including people and families with lived and living experience of alcohol and drug harms, service providers and commissioners, academics, clinicians and voluntary sector representatives. A clear theme emerging from this engagement is that whilst there is broad support for existing policies, there remains an implementation gap, and a need to intensify and accelerate action to deliver meaningful change.

Successful delivery of the Plan depends on strong partnership working across local and national governments, and statutory and voluntary organisations. Public Health Scotland (PHS) and Healthcare Improvement Scotland (HIS) will play a leading role in the national public health approach, while local partners, coordinated through Alcohol and Drugs Partnerships (ADPs) with oversight by integration authorities, will drive local delivery.

Vision & Aims

Our overall vision for health and social care is "a Scotland where people live longer, healthier and more fulfilling lives". This applies equally to people affected by alcohol and drugs. Building on this vision, the core aims of this Alcohol & Drugs Strategic Plan are to: **prevent harm, promote recovery and save lives**.

To achieve these, delivery of our plan will be underpinned by:

- A **human rights-based approach,** ensuring that the voices of people with lived and living experience shape the design and delivery of services, and that people receive person-centred care and support;
- A **locally-led,** responsive and sustainable system that is accountable and works effectively in partnership, guided where appropriate by clear **national direction and support**.

The Plan focuses on four interconnected areas:

- prevention and early intervention;
- harm reduction;
- treatment and care; and
- the wider circle of support.

These areas reflect key points of intervention across the continuum of a recovery orientated system of care, from preventing initial harm to supporting long-term recovery and wellbeing. This approach recognises that recovery is a deeply personal process that looks different for everyone, but is grounded in people having agency and support to improve their health and wellbeing.

The Plan provides a strategic framework to drive progress toward long-term outcomes across these areas. It sets out our priorities and a series of short-term commitments that we, along with partners, will actively pursue over the next three years. An overview of the outcomes, priorities and commitments can be found in Annexes A and B.

To ensure the Plan remains responsive and relevant, the commitments will be reviewed and updated on a rolling three-year basis, reflecting progress, emerging evidence, and changing circumstances.

Wider Policy Landscape

Scotland's current policy landscape is ambitious, with a range of national frameworks and reform programmes designed to improve population health, enhance wellbeing and advance social justice. In developing this Plan, we recognise the importance of aligning with and building upon broader initiatives, maximising impact through collaboration, and ensuring collective efforts are streamlined rather than duplicated.

The Public Service Reform Strategy, Population Health Framework and Service Renewal Framework (summarised below) are central to driving whole-system change across public services, including health and social care. Their focus on wide scale transformation enables this Plan to concentrate on the specific challenges and opportunities for alcohol and drugs harm prevention and support. This approach ensures our strategy is coherent and connected, supporting delivery across the wider system without restating the detail of broader reform agendas. Annex C sets out a non-exhaustive list of other related policies and strategies.

Public Service Reform Strategy

Sets out a long-term approach to enhancing the pace and scale of reform to ensure that everyone has access to services that are efficient, good quality and effective. Key pillars:

Prevention
Tackling issues early to avoid long-term, complex interventions

Joined up services
Improving collaboration across services to better meet people's needs

Efficient services
Delivering high-quality services while making best use of resources

Population Health Framework (2025-2035)

Sets out a long-term, whole-system approach to improving health and reducing inequalities.

Key areas of focus:

- **Prevention Focused System**
  Building a health and care system that prioritises prevention rather than just treating illness.
- **Social & Economic Factors**
  Tackling the root causes of poor health, such as poverty, unemployment, and lack of education.
- **Places & Communities**
  Creating environments that support wellbeing and empowering communities to shape services and solutions that work for them.
- **Enabling Healthy Living**
  Promoting healthier behaviours and lifestyles, such as better nutrition, increased physical activity, and reduced substance use.
- **Equitable Access to Health & Care**
  Ensuring everyone can access the health services they need, regardless of their background or circumstances.

Service Renewal Framework (2025-2035)

Sets out a long-term approach for transforming health and social care services.

Key principles for renewal:

- **Prevention**
  Health and care is focused on prevention and proactive early intervention to realise long term wellbeing and reduce the burden of disease.
- **People**
  Health and care is designed around people rather than the 'system' or 'services'.
- **Community**
  More care in the community rather than a hospital focused model.
- **Population**
  Planning of services will be based on evidence-based, strategic assessments of population needs across Scotland, at national, sub-national and local level.
- **Digital**
  Digital innovation will be used to enhance service delivery, accessibility and efficiency.

Achievements

The last five years have seen record investment in alcohol and drugs services, which has led to a number of notable achievements. We recognise that significant challenges remain and are committed to sustaining momentum and building on best practice.

Voices of Lived Experience

In 2024, 7 in 10 respondents to the PHS Lived Experience Survey felt the support they were receiving from services now was better than two years prior.[1]

Pathways to support

All local areas now have documented pathways in place for people who have experienced a near-fatal overdose.[2]

Rights & Empowerment

Charter of Rights for People Affected by Substance Use launched by the National Collaborative.

Tackling Alcohol Harm

Minimum Unit Pricing has reduced deaths directly caused by alcohol by an estimated 13% and hospital admissions by an estimated 4%, with greatest impact in the most deprived areas during the period evaluated.[3]

Improving Treatment

Development and high levels of implementation of Medication Assisted Treatment Standards, enabling the consistent delivery of high-quality drug treatment.[4]

Saving Lives with Naloxone

Estimated that 8 in 10 people at risk of opioid overdose have now been supplied with a naloxone kit.[5] Naloxone carriage is now standard practice for all frontline police officers.

Safer Drug Consumption Facility

Supported the opening of the first Safer Drug Consumption Facility in Glasgow, which provides a safe, supervised environment for people who inject drugs.

Increased Residential Rehabilitation

On track to reach 1,000 publicly funded residential rehabilitation placements per year.[6]

Prevention Activity

Planet Youth operational in six local authorities in Scotland – empowering communities to support young people to reduce the risk of substance use and harms.

Workforce

Launched the Knowledge and Skills Framework and Learning Directory to strengthen workforce capability, and developed Guiding Principles and Employability Support Toolkits to assist people with lived experience into and throughout employment.

Families

Developed the Families Framework to support the role of families in a loved one's recovery and accessing support in their own right.

Surveillance

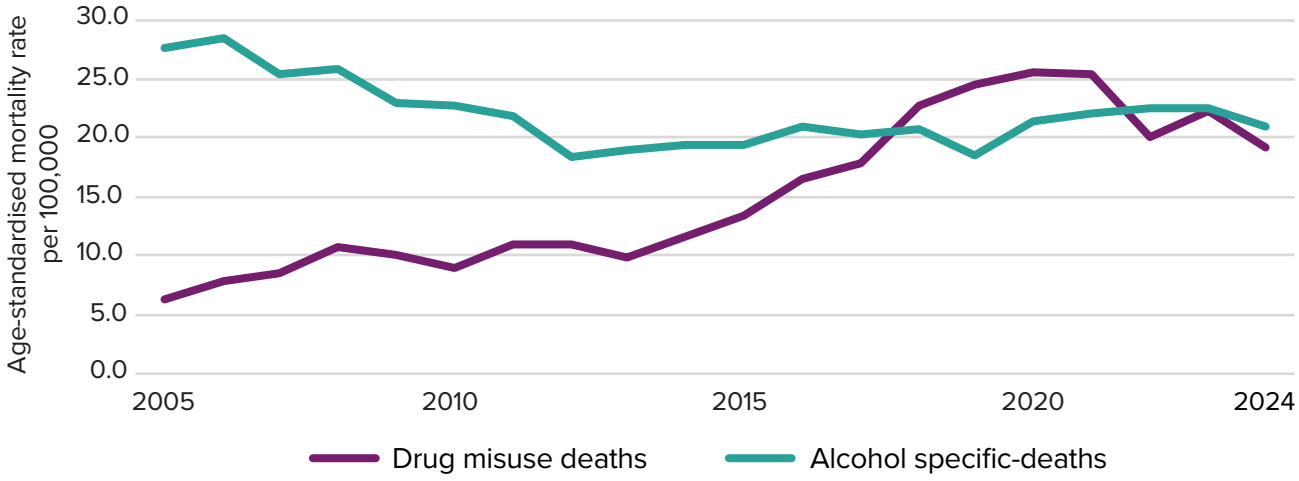
Introduced the RADAR early warning system designed to provide alerts for new and emerging drug threats such as dangerous new synthetic opiates.

The Challenge

Scotland has persistently high mortality rates from alcohol and drugs

- Scotland continues to have the highest rate of drug and alcohol deaths in the UK.[7] The loss of life, particularly amongst those aged 35-55 years, means that drug-related deaths are impacting on overall life expectancy trends for Scotland and are exacerbating health inequalities.[8] [9]

Figure 1: Scotland has persistently high mortality rates from alcohol and drugs: Age standardised drug misuse and alcohol-specific death rates per 100,000, Scotland, 2005-2024.[10]



High-risk consumption patterns of alcohol and drugs remain

- Estimated alcohol sales per adult are higher in Scotland than in England & Wales.[11] In Scotland, almost 1 in 5 adults show signs of hazardous or harmful drinking or possible alcohol dependency.[12]
- 43,400 people in Scotland were estimated to have opioid dependence in 2022/23, with limited data on prevalence of non-opioid and polydrug use.[13] In 2023, 14% of adults self-reported that they had used drugs in the previous 12 months.[14]

There are changing patterns in drug use and supply

- There has been a rise in the use of potent synthetic drugs and cocaine, which pose new challenges and considerations for harm reduction, treatment and support.[15] [16] Cocaine is now the most commonly reported main drug used by people starting specialist drug treatment in Scotland.[17]
- Drug markets continue to evolve under geopolitical influences, with online platforms and social media facilitating access.[18]

Alcohol and drug related harms affect different demographic groups in different ways

- Men account for approximately two thirds of alcohol and drug related deaths, however the gap between sexes has narrowed over time.[19]
- The age profile of alcohol and drug deaths has become older over time.[20]
- Young people (16–24) report higher levels of harmful or hazardous drinking behaviours,[21] however, adolescent drunkenness is at a 30-year low.[22] Opioid use is less common among young people, with reported increasing use of ketamine.[23]
- Alcohol and drug harms disproportionately impact deprived communities.[24]

There is an ongoing need for mental health support and holistic care

- Many people using substances do so to cope with mental health issues, which are often caused by trauma, adverse childhood experiences, and psychological distress, and there is high demand and unmet needs in relation to counselling and mental health support.[25] There is a high prevalence of psychiatric conditions amongst people suffering drug-related deaths.[26]
- Many people with alcohol and drug issues face overlapping challenges including homelessness, offending and domestic violence and abuse.[27]

Alcohol and drugs can negatively impact families

- Nearly 4 in 10 of those added to the child protection register in 2023/2024 had a concern identified relating to parental substance use (drugs/alcohol).[28]
- Hundreds of children lose a parent or parental figure to a drug death every year.[29]

There are inconsistencies in services and support available

- Whilst there is general agreement that policies are well placed, gaps remain in consistent implementation across regions and population groups.[30] [31]
- Rural residents, people experiencing homelessness, and women report higher unmet needs.[32]
- Women face unique barriers, including stigma especially around pregnancy and parenting and fear of child removal when opening up about substance use issues.[33]
- Many equalities groups encounter unique barriers when accessing services, often because services lack tailored approaches that address the individual needs of specific demographic groups such as ethnic minorities,[34] LGBTQ+ individuals,[35] children and young people,[36] and disabled people.[37] People selling /exchanging sex may also experience barriers in accessing support.[38]
- Stigma can be experienced in many different ways, but continues to be a barrier in accessing help and support.[39]

Human Rights-Based Approach

Outcome: People affected by alcohol and drugs have their human rights fulfilled.

Our overarching vision is for a Scotland where everyone can live with human dignity through the realisation of internationally recognised human rights. Therefore, we work to secure all human rights - civil, political, economic, social, cultural and environmental - for everyone in Scottish society. Significant progress has been made in respecting and protecting children's rights through the enactment of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024. The Scottish Government's Equality and Human Rights Mainstreaming Strategy sets out an ambition to move towards a culture where equality and human rights are embedded in systems, structures, and outcomes. The Scottish Government is committed to further strengthening human rights laws through the introduction of a Human Rights Bill in the next parliamentary session - subject to the outcome of the 2026 Scottish Parliament election.

In line with this, our strategic approach to alcohol and drugs policy will continue to be firmly rooted in a human rights-based approach. Continuing to centre this approach will help to empower people to claim their rights and actively participate in decisions that shape their lives, ensuring that they are supported to reach their recovery goals. It will foster a culture of dignity, respect and agency which is critical to tackling the stigma that remains a significant barrier to accessing support and services.

To translate this commitment into meaningful change, we must ensure that this approach is not only articulated at the national level but actively embedded in everyday practice and across all levels.

Our key priorities for promoting a human rights-based approach include:

- Embedding the Charter of Rights for People Affected by Substance Use
- Empowering people and families with lived and living experience
- Tackling stigma
- Ensuring non-discrimination and promoting equality

Embedding the Charter of Rights for People Affected by Substance Use

The Charter of Rights for People Affected by Substance Use - recognised by the UN Office of the High Commissioner for Human Rights as the first of its kind globally - aims to ensure people affected by substance use know their human rights and the support they can expect to receive. It supports service providers to understand how to implement a human rights-based approach. It was co-designed by a Change Team of people with life experience of alcohol and drug harms, and through extensive consultation with people affected by substance use (rights-holders) and those responsible for the design, delivery and monitoring of substance use-related support services (duty-bearers). The 'Key Rights' described by the Charter come mostly from existing law - the Human Rights Act 1998 and international human rights law - and

include the right to the highest attainable standard of physical and mental health. Everyone is entitled to timely and appropriate support for physical and mental health, and services need to be available, accessible, acceptable and of quality, without discrimination. This has become known as the triple AAAQ framework.

The UN Panel Principles underpin the Charter by promoting individuals' active participation in decisions that affect them, ensuring accountability from duty-bearers, and safeguarding equality and non-discrimination. They also emphasise empowering individuals and communities to understand and claim their rights, while ensuring that approaches align with domestic and international legal standards.

The Charter is accompanied by a comprehensive Toolkit that provides guidance to both duty-bearers and rights-holders as well as examples of emerging practice. This includes how to apply the FAIR Approach - a recommended model for putting a human rights-based approach into practice. This involves understanding the facts and experiences of people affected; analysing the human rights at stake; identifying what actions are required and who is responsible for them; and reviewing and evaluating the outcomes to ensure accountability and continuous improvement.

Figure 2: 'Key Rights' outlined in the Charter

Commitment: We will continue to embed the Charter of Rights through:

- Identifying and maximising opportunities to increase visibility of the Charter and promote rights-based approaches across the public sector.
- Utilising the FAIR approach alongside the Panel Principles and the AAAQ framework to embed the Charter within key frameworks, including the National Service Specification, the revised Partnership Delivery Framework for ADPs, and future national standards and quality assurance processes for substance use services.
- Ensuring the ethos of the Charter is reflected in relevant grant processes and procurement frameworks for future funding programmes.
- Building oversight of the Charter's implementation into governance structures for alcohol and drugs, ensuring clear accountability for progress and delivery.

Empowering people and families with lived and living experience

A fundamental priority is ensuring that people are empowered to express their needs, make informed choices and have agency and control over the support they receive. People with lived and living experience of alcohol and drug harms offer first hand insights into the complexities of substance use and the type of support required to prevent harms and promote recovery. Their participation in the design, delivery and monitoring of services is crucial.

All ADPs have formal mechanisms in place to gather feedback from people with lived and living experience[40] and there has been invaluable contributions to national initiatives including the Charter of Rights, Medication Assisted Treatment (MAT) standards and the residential rehabilitation programme.

Significant funding has supported lived and living experience-led initiatives, including an award-winning traineeship programme, peer research and peer naloxone programmes as well as family support groups and recovery communities.[41] Recovery communities are a vital part of Scotland's response to alcohol and drug harms. These communities offer peer-led support, connection, hope and purpose - helping people sustain recovery and rebuild their lives. They also play a powerful role in tackling stigma and promoting inclusion, demonstrating that recovery is not only possible, but visible and valued.[42]

Independent advocacy plays a key role in empowering people to understand and claim their rights, and navigate systems in ways that strengthen their autonomy and control over their recovery journey. Significant progress has already been made through the continued implementation of the MAT Standard 8, which states that every person receiving MAT should have access to independent advocacy and support for housing, welfare and income needs.[43]

Commitment: We will continue to empower people and families with lived and living experience of substance use harms through:

- Supporting initiatives that enable meaningful and sustained engagement, including recovery communities and living experience empowerment work.
- Ensuring meaningful participation in the design, delivery and monitoring of services through local and national governance structures.
- Strengthening the consistent offer and integration of independent advocacy within care pathways, in line with MAT Standard 8, so that people are aware of and able to exercise their rights.

Tackling stigma

Stigma continues to be a barrier to recovery from alcohol and drug use.[44] This can take the form of internalised shame and self-stigma, judgment from loved ones, systemic inequalities within institutions, or harmful stereotypes reinforced by society. Stigma and discrimination reduce the availability and accessibility of the fundamental building blocks of health. This limits opportunities for reducing harm and increases the risk of poor health and adverse outcomes, all of which can lead to widened inequalities.

We recognise that tackling stigma requires more than isolated interventions, it demands a sustained and systemic culture change. This means shifting attitudes, language, and behaviours across society, including within public services, media, communities, and workplaces. It also means challenging the structural and institutional barriers that reinforce discrimination and exclusion.

Commitment: We will continue to take action to tackle stigma through:

- Building on interventions such as the Knowledge and Skills Framework and Pathways to Employment to challenge stigma and recognise the value of people with lived experience in the workplace.
- Continuing to support initiatives that challenge stigma in services by promoting compassionate, rights-based approaches and amplifying the voices of people with lived experience.
- Supporting service providers to identify, interrogate and amend policies and procedures that inadvertently or otherwise result in stigmatising practices.
- Exploring alignment with wider campaigns to tackle broader elements of stigma in services.

Ensuring non-discrimination and promoting equality

We recognise different groups have distinct needs and may encounter specific barriers in accessing support.[45] In developing this Plan, we have carefully assessed relevant equalities data and undertaken an Equality Impact Assessment (EqIA). The EqIA outlines potential equality impacts and key considerations to ensure the Plan promotes non-discrimination and responds effectively to diverse needs.

A Children's Rights and Wellbeing Impact Assessment and Fairer Scotland Duty Impact Assessment have also been undertaken.

Men account for a higher number of alcohol and drug related deaths.[46] However, women affected by substance use face unique challenges, including stigma and discrimination, when accessing substance use treatment and wider services, and these challenges are often compounded by experience of gender-based violence and fears around societal expectations, pregnancy and parenthood.[47] [48] [49] The Women's Health Plan sets out the Scottish Government's ambition that women and girls in Scotland should enjoy the best possible health.

Other equality groups can encounter specific barriers when accessing support services. For example, minority ethnic communities can face challenges such as language barriers or a lack of services that adopt culturally sensitive approaches.[50] [51] LGBTQI+ people may experience difficulties accessing support where services lack training on the impact of sexual and gender identity.[52] [53] Distinct needs also exist across different age groups, disabled people, people with physical and mental health conditions and neurodiverse people – including people who are undiagnosed - which require a tailored approach to care and support.[54] [55] It is also important to recognise that different communities can have distinct patterns of drug use, linked to a range of social, cultural or environmental motivations. Other groups that may have experienced specific challenges and trauma such as veterans, care experienced people, people involved in the justice system, people experiencing homelessness and people who sell sex can also face barriers and require tailored support.

Commitment: We will embed the human rights principle of non-discrimination and equality across service delivery through:

- Utilising and improving data and service feedback to identify inequalities, inform decision-making, and continuously improve service equity and outcomes.
- Embedding a gendered approach in the design and delivery of policies, and services to address the distinct challenges faced by women and men.
- Maximising opportunities through the design and implementation of our funding approach to meet equality needs.

Case Study: Embedding Human Rights

In collaboration with neighbouring ADPs, Moray ADP co-hosted a Grampian-wide engagement event involving people with lived and living experience, service providers, managers and Police Scotland. The event generated 46 priority statements shaped directly by lived and living experience voices, reflecting what rights mean in practice and identifying barriers to realising them.

A key outcome was a request for a portable resource to help people "carry their rights in hand." In response, a working group of people with lived and living experience was formed to co-design and deliver two practical tools both aimed at raising awareness and empowering individuals to understand and assert their rights.

Insights from these events, alongside experiential interviews and input from the wider community, informed the development of the Moray Charter Toolkit. This toolkit, along with the national Charter of Rights, has been formally incorporated into Moray ADP's Strategic Delivery Plan, embedding rights-based principles into local planning and accountability.

Importantly, this approach led to tangible service improvements. Through a rights-based lens, Moray ADP identified that a key service venue was not trauma-informed and lacked accessibility. As a result, the service was relocated to a more appropriate setting, leading to a measurable increase in service uptake. Training, awareness-raising, and collaborative working have been central to Moray's success in implementing the Charter. Their experience highlights how embedding human rights can drive culture change, improve service design, and empower people affected by substance use.

Prevention & Early Intervention

Outcome: Fewer people develop problem alcohol and drug use.

Prevention is one of the most effective approaches to improve population health, reduce inequalities and ease pressure on acute services.[56]

Many health harms - and particularly those caused by alcohol and drugs - fall disproportionately on more deprived communities.[57] Significant work is underway across national and local governments to address the structural drivers of poor health through tackling poverty, optimising early child development and reducing inequality (related policies can be found in Annex C). The Population Health Framework sets out how we, along with key partners, will tackle the overarching environmental factors and fundamental drivers of poor health in Scotland, through a long-term preventative approach.

Our approach to prevention and early intervention in relation to alcohol and drugs broadly falls into the models used by the Advisory Council on the Misuse of Drugs Act[58] and the WHO.[59] These include universal measures which are designed to reach whole populations, targeted (or selective) interventions which focus on at risk communities and measures aimed at intervening early for those at risk (indicative).

Our key priorities for prevention and early intervention include:

- Targeting the affordability, attractiveness and availability of alcohol
- Supporting the healthy development of children and young people
- Targeted support for at risk communities
- Early intervention for at risk individuals

Targeting the affordability, attractiveness and availability of alcohol

The WHO identifies three key levers for national governments in reducing alcohol-related harm – targeting the attractiveness, affordability and availability of alcohol.[60] Scotland remains committed to this evidence-based approach, building on the success of our world-leading Minimum Unit Pricing (MUP) for alcohol policy. Research commended by experts has estimated that MUP policy has saved hundreds of lives and is likely to have averted hundreds of alcohol-attributable hospital admissions.[61] Alcohol consumption remains a significant cause of preventable ill health, including the long-term effects on people who drink at hazardous and harmful levels.[62] Building on work to date, we will take forward whole population preventative action on alcohol harm, drawing on the WHO's framework. This includes next steps on alcohol marketing restrictions, working as part of the four nations to consider calorie and health warnings on alcohol product labels, and increasing awareness of the links between alcohol consumption and cancer.

Commitment: We will continue to reduce population level alcohol harms through:

- Implementing an alcohol harm prevention action plan to be published later in 2026, which will target the attractiveness, affordability and availability of alcohol – with appropriate engagement undertaken with stakeholders, including in clinical and public health sectors and in business and industry, on the impact and effect of potential actions.

Supporting healthy development of children and young people

Universal measures that support children, young people and families to live well are crucial to building strong foundations for healthy development and reducing the prevalence of substance use.

Children's services planning is key to ensuring effective implementation of Getting it Right for Every Child (GIRFEC). GIRFEC is Scotland's national approach to ensure all children, young people and their families receive the right support at the right time so every child can reach their full potential.

Efforts must begin in pregnancy and continue through the years of child development as early experiences play a major role in shaping later outcomes.[63] Health visitors, midwives, family nurses, early learning practitioners and school staff play key roles in ensuring harms related to alcohol and drugs in care givers are spotted as early as possible (including before conception and before birth) and support is provided to protect children from harm.[64]

Alongside these wider primary prevention efforts, to prevent harms before they start, children and young people must be supported to make safe and informed decisions about alcohol and drugs – spanning formal education, wider youth work settings, as well as online environments.

PHS's 2025 Consensus Approach on Prevention of Substance Use Harm Among Children and Young People will be used to inform national and local planning in line with the Population Health Framework, utilising a whole system approach to prevention.

Scotland has piloted the Planet Youth model in several areas, which aims to reduce youth substance use and improve wellbeing. There are early signs that the pilot has improved community coordination, increased parental engagement, and created more prevention activities for young people.[65] Originating in Iceland, the model demonstrates the importance of a community-driven approach.[66] It involves regular youth surveys, locally tailored action plans developed and implemented by coalitions of community stakeholders, and investment in protective factors like family engagement, structured leisure, and school connectedness.

A Public Health Approach to Learning is crucial and we are working with partners across Education Scotland, PHS and Police Scotland to improve health, education and social outcomes for Scotland's children and young people. Education Scotland is leading on the development and delivery of the new Curriculum Improvement Cycle. We will ensure that learning around alcohol and drugs is age and stage appropriate, and that local authorities are supported to embed prevention across learning materials. It is important that materials are evidence informed and regularly updated to reflect emerging trends. As part of the wider approach to relationships and behaviour policy in schools, national guidance will support education authorities in updating local policies for responding to substance use in school settings.

Commitment: We will continue to support the healthy development of children and young people through:

- Embedding appropriate support and advice on the risks of alcohol and drug use during pregnancy across preconception care, maternity services and early childhood services such as health visiting and the Family Nurse Partnership.
- Supporting community-based prevention activities through effective collaboration between ADPs, Community Planning Partnerships and local partners.
- Supporting the development of age and stage appropriate alcohol and drug education and prevention resources – as part of the wider curriculum review.
- Supporting the implementation of national guidance to aid education authorities to update local policies for responding to substance use in school settings.

Targeted support for at risk communities

Some communities face heightened risks of developing substance use issues.[67] These risks may be driven by factors such as poverty, trauma, intergenerational substance use, unstable housing, disrupted education, and violence including gender-based violence. Individuals with four or more adverse childhood experiences are significantly more likely to engage in harmful alcohol and drug use.[68]

We are committed to addressing root causes through a range of targeted policies as outlined in Annex C. Our Whole Family Support approach aims to drive system change so that families in Scotland's highest need communities can access timely and consistent support, helping to support early child development, reduce child poverty and improve wellbeing. Providing early support and preventing harms is central to achieving the Scottish Government's commitment to Keep the Promise.

Our targeted prevention approach includes supporting programmes that work with young people affected by substance use in their families, using codesigned and trauma-informed methods to help break intergenerational cycles of harm. We have also supported initiatives that equip families with evidence-based tools to support loved ones experiencing substance use challenges, while strengthening their own wellbeing and resilience. Our Families Affected by Alcohol and Drug Use Framework sets out the national model for family inclusive practice and a whole family approach for families affected by alcohol and drugs. It provides a framework for consistent, sustained support for families and is designed to guide ongoing improvements in the way family support is delivered across Scotland.

Commitment: We will continue to pursue targeted prevention measures through:

- Supporting targeted initiatives for communities at higher risk of developing substance use issues.
- Supporting local areas to embed a whole family approach and family-inclusive practice, in line with the 'Families Affected by Drug and Alcohol Use in Scotland Framework'.

Early intervention for at risk individuals

Evidence shows that substance use can become problematic at various stages across the life course.[69] While pregnancy, early years and adolescence offer critical windows of opportunity, initiatives need to be available for all age groups.

Certain life transitions and experiences can heighten vulnerability to substance use. Entering adulthood, unemployment, relationship breakdown, bereavement, retirement, and declining health are all associated with increased risk of developing substance use issues.[70] [71] Targeting early intervention activity around these critical life stages and ensuring awareness of these risks across wider services will help to ensure support remains effective.

The Standards for Young People Accessing Treatment or Support for Alcohol or Drugs published in 2025 recognise the need for tailored, age-appropriate interventions and aim to give every young person access to reliable, high-quality treatment and support as soon as they begin to face challenges, and before they reach a point of crisis.

Alcohol Brief Interventions (ABIs) are widely used by health professionals, including maternity services, to raise awareness of risk as part of short, structured conversations with individuals that can screen for early intervention or referral for specialist assessment.[72] In many cases, these conversations are the first step toward accessing specialist support. The 2024 review of ABIs by PHS and the publication of the UK-wide Clinical Guidelines for Alcohol Treatment will help to inform improvements to the ABI programme.

Commitment: We will continue to support early intervention measures through:

- Supporting services to implement the Standards for Young People Accessing Treatment or Support for Alcohol or Drugs.
- Raising awareness of and targeting support around high risk life-course events.
- Learning from the recommendations of the 2024 ABI review by PHS and implementing these where appropriate, including by expanding ABIs into a wider range of settings and developing tools to support conversations.

Case Study: Supporting Families - Grow Your Own Routes

The Scottish Government's Whole Family Wellbeing Funding Programme has supported Scottish Families Affected by Alcohol and Drugs to develop and pilot the 'Grow Your Own Routes' initiative. Through this work, Scottish Families Affected by Alcohol and Drugs has partnered with organisations across six areas* to deliver their evidence-based youth work programme, 'Routes', which supports young people aged 12–26 affected by familial substance use. The programme aims to break intergenerational cycles of substance use issues.

Through the programme, young people have been supported to achieve practical goals such as applying for jobs and further education, while also being encouraged to express emotions, explore creativity, and take on new challenges. Young people play an active role in shaping the programme - co-producing activities, designing services, and contributing to staff training by sharing their lived experiences and insights into the impact of substance use.

This work contributes to our commitment to Keep the Promise, ensuring that young people affected by familial substance use have access to one-to-one and group support, and meaningful activities and events.

*Delivery partners and supported areas include: Aberlour (Falkirk); Action for Children (Renfrewshire); Alcohol and Drugs Action (North Aberdeenshire); Barnardo's (North Lanarkshire); Circle (East Lothian) and Right There (Orkney).

Harm Reduction

Outcome: Harm is reduced for people who use alcohol and drugs.

Harm reduction focuses on minimising the negative consequences of alcohol and drug use – such as illness, injury and death – while promoting dignity, health and wellbeing. It plays an important role in making pathways to recovery available without being imposed, respecting individual choice. We remain firmly committed to evidence-based interventions that reduce the health and social harms associated with substance use.

Harm reduction support is a core part of Scotland's approach to recovery and can often be the first step into wider treatment and care. Effective approaches include services, the use of digital technology and data but, most importantly, interpersonal relationships. Our approach is guided by the Charter of Rights, ensuring that harm reduction services are available, accessible, acceptable, and of high quality.

Our key priorities for harm reduction include:

- Building connection and outreach
- Optimising Scotland's surveillance system and early warning response
- Enhancing the naloxone programme
- Reducing harms from injecting
- Supporting established and emerging ways to reduce drug harms
- Reducing alcohol related harms

Building connection and outreach

Non-judgmental advice, information and support are fundamental elements of harm reduction. Much of this essential harm reduction work is rooted in strong, trusted relationships. Progress has already been made through the establishment of near-fatal overdose pathways, implementation of MAT standard 3 (supporting assertive outreach) and 4 (offering harm reduction as part of treatment delivery) as well as through peer-led initiatives.[73] It is crucial that we build on this by expanding opportunities to reach individuals through promoting harm reduction services and providing clear contact points for support. This includes targeted support for communities with heightened vulnerabilities.

Commitment: We will continue to promote harm reduction services and build and expand upon assertive outreach work through:

- Supporting the provision of tailored harm reduction information, advice and support.
- Clarifying the need for assertive outreach within alcohol and drug services as noted in the National Service Specification and in the development of standards of support for all drugs and alcohol treatment (covered in the Treatment and Care Chapter).

Optimising Scotland's drugs surveillance system and early warning response

In an increasingly dynamic drug landscape, timely access to accurate information and harm reduction advice and support is essential. The establishment of the PHS Rapid Action Drug Alert & Response (RADAR) system has formed the backbone of our drugs early warning and response approach. At a national level, RADAR helps to: detect emerging drug threats quickly; assess risks from new substances and changing patterns; inform frontline services and communities of risks; and trigger rapid public health responses. It produces quarterly management information reports on a range of harms and service activity indicators. The RADAR system benefits from intelligence provided by local and national partners including Police Scotland and the NHS Greater Glasgow & Clyde ASSIST toxicology project.[74]

Specific incident management guidance to respond to acute drug harm clusters has been established, supported by local reporting infrastructure developments to improve monitoring, reporting and response. When necessary, Problem Assessment Groups and Incident Management Teams are established within NHS boards to assess and manage responses to clusters and spikes in harm.

Commitment: We will continue to optimise processes and strengthen capabilities, to ensure that our surveillance and early warning systems are responsive to emerging threats through:

- Continuous improvement of data collection and analysis.
- A co-ordinated approach to local and national incident management.
- Enhancing dissemination of intelligence on emerging harms.

Enhancing the naloxone programme

Scotland was the first country in the world to introduce a national take-home naloxone programme in 2011. Since then, access has expanded significantly with an estimated more than 8 in 10 people at risk of opioid overdose being supplied with a lifesaving kit.[75] Naloxone carriage is now standard among frontline police officers.[76]

Commitment: We will continue to ensure naloxone access keeps up with changing demand in the context of emerging drug trends through:

- Providing national guidance to clarify legal practices, recent legislative changes, and dosage protocols.
- Interventions aimed at promoting carriage and recommended use of naloxone in response to changing drug supply and behaviours.
- Further expanding distribution, such as through pharmacies, community venues, the night-time economy and encouraging innovative new approaches such as applications showing where naloxone is available locally.
- Enhancing research and data collection methods, in alignment with the recommendations from the Naloxone Reporting Short-Life Working Group, convened by PHS.

Reducing harms from injecting

Injecting is a high-risk method due to the possibility of transmission of blood-borne viruses (BBVs), such as human immunodeficiency virus (HIV) and viral hepatitis, as well as injection site infections, injuries and increased risk of overdose. Cocaine injecting has substantially increased in recent years and typically involves more frequent injections per day than opioids.[77] There are also increasing concerns around the scale of injecting of image and performance enhancing drugs,[78] [79] which puts a wider population at risk.

This brings increased risks of harms and new challenges for services. As outlined in Scotland's Sexual Health and BBV Action Plan, there is a clear commitment to reducing BBV transmission among people who inject drugs through expanded testing, treatment access, and harm reduction initiatives. Engagement in BBV-related care has been demonstrated to protect against drug-related mortality.[80] It is therefore important that services continue to support initiatives such as injecting equipment provision, WAND (Wound care, Assessment of injecting risk, Naloxone, Dry blood spot testing) and contingency management, which are effective in working with people who might not be engaging with any other treatment services.[81] We are exploring the provision of safer inhalation pipes which can help to reduce harm by diverting away from injecting, or smoking using high risk homemade equipment.

Commitment: We will continue to support initiatives that reduce harms from injecting through:

- Working to eliminate HIV transmission and hepatitis C as a public health concern, including through delivery of new targets to increase annual testing in recovery services and prisons.
- Exploring, and responding to, the reasons for the recent decline in hepatitis B vaccination amongst people who inject drugs.
- Continuing provision of clinical harm reduction care for people who inject drugs including injecting equipment provision services.
- Continuing to collect data on injecting equipment provision and injecting harms, with ongoing review to ensure services are appropriately targeted.
- Exploring the provision of safer inhalation devices and the potential for safer inhalation spaces in safer drug consumption facilities.

Supporting established and emerging ways to reduce drug harms

It is crucial that we learn from best practice internationally and continue to pursue innovative approaches and digital technologies to reduce harms as we respond to new threats and challenges. In 2025, we supported the opening of the UK's first Safer Drug Consumption Facility (SDCF) in Glasgow, The Thistle. This pioneering service provides a safe, supervised environment for people who inject drugs, offering a vital first step into wider treatment and care. The facility has already contributed valuable intelligence to the national surveillance response on nitazenes and has demonstrably prevented fatal overdoses within its service.[82] A number of other cities are also considering the possibility of SDCFs. Due to the constraints of the Misuse of Drugs Act 1971, any area considering a SDCF must undertake substantial preparatory work and engage with the Scottish Government, Police Scotland, and the Crown Office and Procurator Fiscal Service.

Other initiatives include drug checking services, which allow people to submit drug samples for testing and receive information about their contents to help them make more informed choices. We are currently implementing a pilot drug checking service in Scotland, with point of care facilities in four cities. These will be supported by a National Testing and Research Laboratory at the University of Dundee which will contribute vital information to our national early warning system.

The Thistle and the drug checking pilots will be fully evaluated, and the findings will help shape future policy. While we await these results, international evidence already supports these approaches.[83] [84] Given the urgency of the challenge, we will not delay in exploring how to expand access to SDCFs and drug checking, working closely with partners and learning from the pilots as they progress.

Many internationally recognised, evidence-based harm reduction interventions for drugs remain prohibited under the Misuse of Drugs Act 1971. We will continue to work with the UK Government and other devolved administrations to pursue further harm reduction measures.

Commitment: We will continue to support established and innovative drug harm reduction measures through:

- Supporting more local areas to develop proposals for safer drug consumption facilities where appropriate.
- Exploring options to expand access to drug checking, including alternative delivery models such as mobile units or postal services.
- Exploring opportunities to utilise new innovations such as wearable devices to monitor heart/breath rates.
- Supporting continued research on harm reduction measures including drugs to reverse benzodiazepine overdoses.

Reducing alcohol related harms

The Scottish Government has contributed to the development of UK-wide Clinical Guidelines for Alcohol Treatment which include specific harm reduction guidance setting out the considerations for people with alcohol dependence who are not ready, or do not wish, to pursue abstinence. This covers options such as medically assisted withdrawal to achieve temporary abstinence before working towards low-risk drinking. A harm reduction approach requires clear information on risks, support for gradual reduction goals, ongoing risk assessment, and access to thiamine and folic acid to reduce neurological harm.

Referral for liver screening tests is a key harm reduction measure for alcohol. We know that chronic liver disease - of which alcohol is a significant factor - is projected to rise significantly in Scotland over the coming decades.[85] We are continuing to support initiatives to improve early detection of liver disease, including the promotion of non-invasive testing, which utilises modern scanning technology, and the scheduled roll-out of the Intelligent Liver Function Test (iLFT) pathway pioneered in NHS Tayside. The iLFT pathway includes Enhanced Liver Fibrosis (ELF) testing to improve diagnosis.[86] The integration of ELF into iLFT has been shown to reduce waiting lists and improve patient outcomes. Early detection can be a powerful motivator for behaviour change and engagement with support services.

We have supported a pilot Managed Alcohol Programme – a comprehensive harm reduction programme which aims to support people with alcohol dependence or people who are drinking at harmful levels. The pilot programme in Scotland is a residential, non-abstinence-based approach aimed at significantly reducing daily alcohol intake. International evidence shows positive outcomes from similar programmes,[87] and an independent evaluation of the Scottish pilot will report in March 2026.

Commitment: We will continue to support initiatives to reduce alcohol related harms through:

- Promoting the recommended harm reduction initiatives in the Clinical Guidelines for Alcohol Treatment.
- Promoting earlier detection of liver disease through wider use of fibrosis and liver function testing, broader rollout of the iLFT pathway, and increased use of non-invasive mobile liver scanning.
- Reviewing the residential Managed Alcohol Programme pilot to investigate the effectiveness of programmes supporting controlled alcohol intake.

Case Study: UK's 1st official Safer Drug Consumption Facility - The Thistle

The Thistle was opened by Glasgow Health & Social Care Partnership in January 2025. SDCFs are hygienic environments where pre-obtained drugs can be consumed under clinical supervision. They provide people who inject drugs with sterile injecting equipment and advice on injecting technique. Where any individual using the Thistle requests access to other health, treatment or social services, staff will signpost as appropriate.

The SDCF can provide medical attention in the event of an overdose. For example, they can provide naloxone to combat an opioid overdose and a defibrillator and oxygen are available on site for use in the event of a cocaine overdose.

The primary goal of the SDCF is to prevent the transmission of blood-borne diseases and the reduction of injection-related wounds and infections, but the SDCF also fulfils other harm reduction needs:

- Preventing overdoses from becoming fatal;
- Reaching people who might otherwise not engage with any type of treatment service; and
- Providing valuable insight into trends and patterns of drug use.

As of January 2026, the service has been accessed by 599 service users and has witnessed over 8,300 injecting episodes. It has intervened in 97 medical emergencies, undoubtably saving lives in the process. The service already provides valuable insight into drug use trends. For example, through the ability of staff to have paraphernalia tested following a number of adverse events, important information about dangerous substances in the drug supply was shared nationwide.

Treatment & Care

Outcome: People affected by alcohol and drugs receive high quality treatment and care services.

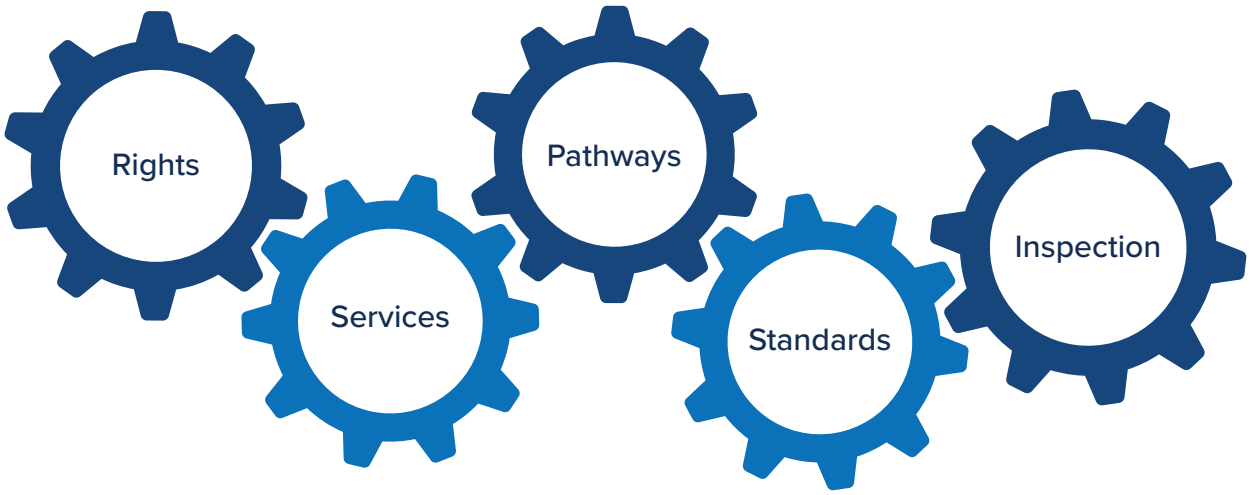
Ensuring access to high-quality treatment and care is essential for recovery. Recovery is not always linear, and people may access a range of medical, psychological, social and peer-led community-based supports on their journey. Services must therefore be flexible, trauma-informed, and responsive to individual goals. The Charter of Rights will continue to inform service design and delivery, ensuring that treatment and recovery pathways uphold the principles of participation, accountability, and empowerment.

Our key priorities for treatment and care include:

- Establishing an overarching system for improved quality of services
- Ensuring equal focus on alcohol and drug treatment
- Responding to changing trends
- Reducing barriers to residential services
- Supporting wider communities of care

Establishing an overarching system for improved quality of services

The introduction of MAT standards in 2021 and the increased focus on residential rehabilitation as a choice of treatment have marked a step change in how treatment is delivered, forming an important foundation for continuous quality improvement. It is important to build on this approach to create a holistic, integrated system of care – one that offers the right range of services, supported by robust metrics to monitor progress and effective scrutiny to drive improvement.



A rights-based system of care: Scotland's alcohol and drug treatment services must be firmly grounded in a human rights-based approach as articulated in the Charter of Rights. This means ensuring that dignity, respect, equality and participation are at the heart of service design and delivery.

Services that meet local need: The National Service Specification aims to support equitable delivery of alcohol and drug services across Scotland – including those commissioned to be delivered by third sector partners. The Specification outlines the types of services everyone should be able to access at all stages of their journey no matter where they live. It is designed to support planners, commissioners, and providers in delivering services that meet the AAAQ framework – ensuring that services offered are person-centred and impactful. The Specification outlines the core components that all local strategies and delivery plans should include, while recognising that each area will tailor these to its specific needs and circumstances. For example, service provision in remote and rural communities may require different delivery arrangements than those used in urban settings. The development of the Specification has been guided by consultation with people directly involved in providing, designing, commissioning and using services. It is intended to be iterative and responsive to changing patterns and evolving best practice, such as digital innovations to enhance service delivery, accessibility and efficiency.

Pathways to access the right support at the right time: A lack of clarity on pathways into and through recovery services has been cited as a contributing factor in the decline in the number of people accessing specialist services.[88] While there is now clear information on pathways for residential rehabilitation services, this needs to expand to cover all treatment routes and substance types, including recognising the important role that recovery communities and mutual aid can play in helping to promote and sustain recovery.

Standards for all drugs and alcohol treatment: Significant progress has been made to support people to access appropriate treatment. The MAT standards provide a set of 10 evidence-based standards to enable the consistent delivery of safe, accessible, high-quality treatment for people on MAT, primarily opioid agonist therapy (OAT). The MAT standards are in their final stage of implementation, with more to be done to ensure they are consistently implemented, especially within justice settings.[89] These are complemented by the Standards for Young People Accessing Treatment or Support for Alcohol or Drugs published in 2025, which help address the specific needs of young people.

The changing drug landscape, alongside the need for a demonstrable focus on alcohol treatment, means that while implementing the MAT standards remains important, our approach must continue to evolve to meet current and future needs. We intend to expand on the principles and approach of the MAT standards, the standards for young people, and the health and social care standards, by establishing standards of support for all drugs and alcohol treatment. These will ensure the same level of focus on access, choice and support for everyone, regardless of the substance they are affected by. Publication of new standards is scheduled for 2027/28.

Monitoring delivery and external scrutiny for assurance: Robust local accountability mechanisms are essential to ensure that standards are met, upheld, and continuously improved. This is a key element of a human rights-based approach. The revised Partnership Delivery Framework clarifies how accountability should operate in local areas, and the introduction of overarching standards will assist local decision makers in assessing service performance.

The Drug and Alcohol Information System (DAISy) is Scotland's national digital database for recording specialist treatment data for alcohol and drug use.[90] It will continue to evolve as the primary tool for tracking service performance and outcomes alongside other bespoke monitoring tools, such as those in place for tracking residential rehabilitation client level data.

External scrutiny is vital to ensure quality, safety, and public confidence in alcohol and drug services. Some elements of treatment already benefit from this oversight - for example, residential services should be registered and inspected by either the Care Inspectorate or HIS. By introducing overarching standards and expanding external scrutiny through regulation and inspection, we aim to extend this assurance framework to all alcohol and drug services.

HIS are well placed to explore the role of scrutiny and assurance within the proposed overarching standards through their Quality Management System approach. This brings together assurance, improvement, engagement and evidence, offering a practical framework for governance, commissioning and learning systems.

Commitment: We will work to establish an overarching system for improved quality of services through:

- Supporting successful take up of the National Service Specification.
- Improving treatment pathways in alcohol and drug services and connections to primary, acute and specialist settings.
- Continuing to embed the MAT standards.
- Working with stakeholders to develop standards of support for all drugs and alcohol treatment.
- Continuing to develop and improve DAISy to become the primary monitoring and reporting tool for treatment services.
- Working with HIS, Care Inspectorate and other partners to prepare for external scrutiny against the standards.

Ensuring equal focus on alcohol and drug treatment

In order to address the high levels of alcohol harms, it is important to balance the focus between alcohol and drugs within treatment and care services. While the National Mission focused on drugs, it also increased support for alcohol treatment, including through workforce development, the Charter of Rights, the expansion of residential rehabilitation placements and ongoing work to support children and families. However, specific challenges associated with alcohol treatment require specific focus. In its 2024 review of alcohol and drug services, Audit Scotland recommended that more focus and funding is directed towards alcohol services, while continuing to focus on drug services. The UK wide Clinical Guidelines for Alcohol Treatment published in 2025 set out a comprehensive framework for alcohol treatment.

There are a greater number of referrals to specialist treatment services for alcohol than for drugs each year, and this pattern is reflected in the higher number of alcohol-related hospital admissions.[91] [92] Each year, there are around 30,000 admissions to hospital for conditions which are wholly attributable to alcohol [93] and there is a clear expectation that hospital services provide alcohol-specific support to this cohort. A range of stakeholders have recommended that more hospitals in Scotland adopt the formal Alcohol Care Team approach introduced in England to ensure appropriate expertise is in place to provide assessment, liver disease screening, psychosocial support, abstinence advice and onward referral to specialist services.

Commitment: We will increase focus on alcohol services and care in community and specialist treatment services through:

- Promoting the use of Clinical Guidelines for Alcohol Treatment which cover the full range of treatments.
- Commissioning a national needs assessment for alcohol treatment and care services.
- Working with health boards to improve multi-agency alcohol-specific support for people in acute settings and considering an expansion of the formal Alcohol Care Team model.
- Ensuring longer-term support and care is in place in acute settings, such as for alcohol related brain damage.

Responding to changing trends

In recent years, we have seen rapidly changing patterns of psychoactive drugs in Scotland, including ongoing polydrug use, the emergence of potent synthetic substances, and increasing diversity and use of street benzodiazepines.[94] This is alongside an overall trend towards cocaine's increasing role in drug harms [95] and a significant spike in ketamine harms – particularly among young people.[96] These shifts highlight the need for responsive and adaptive services, including tailored psychosocial support, which may be the only treatment option available at present for some substances.

The absence of clinical consensus on benzodiazepine treatment requires continued collaboration with clinical advisory partners to explore safe and effective options. Additionally, given the current absence of evidence-based pharmacological treatments for stimulant use, research and development of improved treatment pathways for problem use of stimulants, including cocaine, is essential.[97] [98] A short-life working group convened by PHS in 2025 has helped to strengthen the knowledge base and support improvements in harm reduction and treatment in response to increased cocaine use.

Opioids continue to be a major contributor to drug-related mortality, being implicated in approximately 80% of drug deaths in 2024.[99] Evidence shows an average 70% reduction in drug related deaths for people on OAT, compared to people not on OAT.[100] This reinforces the importance of continued support for OAT as an evidence-based treatment for opioid dependence, and to continue to expand access to alternatives to methadone, such as long-acting buprenorphine, where clinically appropriate.

Commitment: We will adapt to changing trends through:

- Continuing to learn from surveillance on alcohol and drug trends and supporting services to adapt to new and emerging threats.
- Continuing to support OAT as a protective treatment for opiate dependency.
- Supporting ADPs to develop and publicise treatment and care options for benzodiazepines, cocaine, and other non-opiates.
- Supporting research into treatment options for problem use of benzodiazepines, cocaine, synthetic opioids and other emerging substances of concern.

Reducing barriers to residential services

An additional £100 million was made available to enhance access to residential rehabilitation as part of the National Mission. This funding has supported the development of eight new or expanded facilities (including specialist services) and placements are estimated to have roughly doubled between 2019/20 and 2024/25.[101] Scotland now has a nation-wide monitoring system in place, including client level outcome data.[102]

Despite increased availability of residential rehabilitation, access to detox remains a major barrier. Many people need detox, stabilisation or crisis support before entering residential rehabilitation. By strengthening access to these services, we expect to release capacity across the system - enabling the existing residential estate to be used more efficiently, by more people. While some rehabilitation providers offer in-house detox which eases transitions, wider availability is limited and contributes to longer wait times.[103] The period between detox and residential rehabilitation is acknowledged to be high risk, so eliminating this gap is critical.

Crisis and stabilisation services are a crucial, but currently underdeveloped, component of Scotland's treatment system, particularly for those who are not currently ready for, or planning to move on to, abstinence-based rehabilitation. National coverage of crisis and stabilisation services, including crisis beds under a residential harm reduction model, was recommended by the Drug Deaths Taskforce. Other residential services – such as care for people with alcohol related brain damage and Managed Alcohol Programmes – are also within scope for a future residential harm reduction model.

Crisis care can also occur in non-residential services, and we will continue to work with providers and acute and unscheduled care to support people in accessing the right type of care when they need it.

Commitment: We will reduce barriers for those seeking residential services through:

- Maintaining the target of 1,000 publicly funded residential rehabilitation placements per year as a minimum for Scottish residents, and keeping this under review to ensure it aligns with need and system capacity.[1]
- Increasing access to residential detox services and improving direct pathways from detox to residential rehabilitation and beyond to community based care.
- Conducting a feasibility study to explore ways to expand access to other services such as stabilisation, crisis care, and long-term support for specialist conditions such as alcohol related brain damage.

1 A residential rehabilitation placement that is, at least in part, funded by: a health board, an ADP, a local authority, Prison-to- 22 Rehab or other Scottish Government funds, housing benefit (including placements funded through the Dual Housing Support Fund), a public sector employer or a third sector organisation funded by a public body. This last category includes placements funded by third sector residential rehabilitation centres themselves. Publicly funded placements can include an element of private funding.

Supporting wider communities of care

We recognise that non-medicalised and community-based support play a vital role in supporting recovery. Achieving recovery is not the responsibility of a single service - it relies on a network of supports across health, housing, employment, and justice. Strong communities are public health assets and the foundation of recovery and this is why families, recovery communities and existing peer-led mutual aid must continue to be supported, with strong two-way connections between statutory services and community-led supports, where appropriate.[104]

Families can be integral to the recovery process, and their involvement can encourage engagement with treatment, and support positive outcomes for the person with substance use issues. It is important that family members receive dedicated support services for their own needs. This includes bereavement support if they have lost a loved one. Our Families Affected by Alcohol and Drug Use Framework recognises the importance of supporting families, and sets out a national model for delivery of a whole family approach and the principles for family inclusive practice.

Recovery communities, Lived Experience Recovery Organisations and mutual aid play a distinct and complementary role alongside medical treatment and other more formal forms of support. They provide connection, purpose, and hope - all of which are central to recovery. Peer support is fundamental within these settings - the relationships, trust and shared experience offered by peer workers and volunteers can provide a powerful form of support. Recovery communities bring together significant expertise and offer a range of structured activities and consistent support. They can also act as a bridge between individuals and services, providing advocacy, supporting transitions from prison or residential rehabilitation or crisis care, and ensuring that treatment exits are effective and sustained. Recovery communities grow from the ground up, led by people with lived experience of substance use. This strengths-based approach is recognised as a core component of a whole-system response to drugs and alcohol harms.

Commitment: We will continue to support wider communities of care through:

- Embedding the whole family approach and family-inclusive practice, in line with the 'Families Affected by Drug and Alcohol Use in Scotland Framework'.
- Supporting the role of, and making better links from services to, recovery communities and mutual aid.

Case Study: Responding to Benzodiazepine Use

The use of benzodiazepines alongside opioids is widespread in Scotland and this combination has been strongly linked to the high rate of drug-related deaths.

To help tackle the harm caused by illicit benzodiazepine use, the Scottish Government is funding a pilot in Fife for a new model of care combining prescribing and psychological therapies to support individuals with benzodiazepine dependency.

The pilot involves projects which focus on: developing links between alcohol and drug services and mental health services; developing evidence-based guidelines to inform the care of individuals while in hospital (including advice and support for assessment and management of hospital inpatients, emergency department presentations and primary care presentations); and building capacity in primary care to undertake educational work and support engagement with GPs.

The longer-term aim of the service is to expand beyond benzodiazepine use to support people using other substances, especially when there is no substitute prescribing. For example, a suite of interventions for people using cocaine that includes psychological interventions, respiratory and cardiac health support, and peer support training opportunities.

Case Study: Lived Experience Holistic Support

Harbour (Ayrshire) is working to empower individuals recovering from substance use issues. Harbour is a lived experience-led recovery organisation with 14 volunteer-led peer support groups (including three for families and women only / men only groups) across Ayrshire, fostering community and mutual support.

They also run a Residential Rehabilitation Support Service which provides support to people ahead of entering residential rehabilitation and when they leave this service and return to their community.

Harbour offer individuals support and a chance to focus on personal growth and employability as part of their recovery – supporting individuals into employment and education. They also provide the Harbour Helpline, which offers out of hours crisis intervention and emotional support.

People who they work with can become Harbour Helpers, which includes professional development opportunities. These roles include assisting volunteers, learning mental health first aid, confidence-building and working with the Community Support Vehicle to help those fleeing violence or facing homelessness.

The Wider Circle of Support

Outcome: People affected by alcohol and drugs have their wider needs supported by compassionate joined-up services.

Substance use does not exist in isolation, and neither should the response. It is crucial that we strengthen access to broader public services, and create thriving communities to ensure that people and families affected by substances are supported across the full spectrum of systems and settings that shape their lives.

From health, housing, justice, employment, social care and social work, every part of the system has a role to play in promoting wellbeing and enabling recovery. By fostering collaboration across sectors, we can build a more connected and compassionate system - one that meets people where they are and provides a bedrock of reliable and dependable support. We will apply the Charter of Rights to ensure that wider support systems are responsive to the rights and needs of people affected by substance use.

Our key priorities for the wider circle of support include:

- Promoting a joined up and person-centred approach across all services
- Addressing co-occurring substance and mental health issues
- Ensuring an accessible and responsive wider health system
- Supporting access to wider welfare services
- Promoting a public health approach to justice

Promoting a joined up and person-centred approach across all services

In taking a person-centred approach we recognise that many people experience multiple disadvantage and require holistic support that does not concentrate solely on their substance use. This is particularly important for people experiencing severe and multiple disadvantage, where intersecting experiences can significantly compound vulnerability. People experiencing alcohol and drug harms may have experienced domestic abuse; child sexual abuse; child removal through child protection processes; mental health challenges; homelessness and contact with the justice system.[105] Responding effectively therefore requires coordinated support from a wide range of services, underpinned by appropriate and timely information sharing to enable joined up working. A number of national initiatives assist local areas to take a cohesive, whole system approach to these interconnected harms. This includes the National Public Protection Leadership Group which is working to address these interconnected harms.

Getting It Right For Everyone (GIRFE) is Scotland's national adult practice model designed to improve how health and social care support is delivered, including for people affected by substance use. It places the person at the centre of decision-making, ensuring care and support is rights-based, personalised and co-ordinated across services. The Team Around the Person Toolkit aims to support practical implementation of GIRFE. As referenced in the preceding chapters, implementation of GIRFEC and a holistic whole family approach are also crucial for supporting recovery throughout the lifetime.

Value-based health and care and Realistic Medicine principles remain central to our ambition to deliver personalised care and focus on outcomes that matter most to people.

Commitment: We will continue to promote a joined up and person-centred approach across all services through:

- Improving coordinated support for people facing severe and multiple disadvantage.
- Collaborating with the National Public Protection Leadership Group to address the interconnectedness of risk across protection areas to better support individuals and families at risk of harm.

Addressing co-occurring substance and mental health issues

People with substance use issues often have co-occurring mental health issues and can face stigma and discrimination when accessing services.[106] Meaningful progress has been made with the launch of the National Mental Health and Substance Use Protocol, which aims to improve care for people with co-occurring conditions by fostering better collaboration, consistency and integration across mental health and substance use services to remove restrictive criteria. Work has been undertaken by HIS to help local areas adapt the protocol to local circumstances and support implementation.

Our Mental Health and Wellbeing Strategy takes a whole system, prevention-focused approach, recognising the importance of community-based support in improving wellbeing. It aims to address the underlying causes of poor mental health and reduce the need for clinical interventions. Recognising the links between substance use, mental health and suicide, our joint strategies on Suicide Prevention and Mental Health and Wellbeing Strategy aim to challenge and reduce the impact of the causes of poor mental health and increased risk of suicide. A new Suicide Prevention Action Plan was published in 2026, with substance use remaining a key area of action.

Commitment: We will continue to support work to address co-occurring substance and mental health issues through:

- Enabling local areas to implement and embed protocols for people with co-occurring mental health and substance use issues.
- Building on work to improve unplanned and urgent mental health care to support the needs of people with co-occurring mental health and substance use issues.

Ensuring an accessible and responsive wider health system

People affected by substance use often need to engage with wider parts of the health system. There is strong evidence that people with drug and alcohol issues frequently experience physical health comorbidities and are at higher risk of developing a range of chronic conditions such as respiratory disorder, cardiovascular disease or pain related conditions.[107] The Charter of Rights outlines the right to the highest attainable standard of physical and mental health and achieving this requires tailored support across the whole health system.

Primary care[2] is often the first point of contact and provides an early opportunity for holistic support. GPs can take on enhanced services for drug treatment, and we continue to support health boards and HSCPs to promote the benefits of these services within local practices. Prescribing guidelines have been published that set out a seven-step approach to medication review, which should be applied across all care settings, including transitions between services. Community pharmacists play a vital role, often acting as the most regular point of contact through dispensing OAT and naloxone, and in wider initiatives such as Pharmacy First.

As part of addressing wider health impacts, we are also working to improve oral health outcomes. To support this, we have developed an oral health improvement education tool to help dental teams provide appropriate support to people who use drugs, while also encouraging improved self-care.

More broadly, our approach to Primary Care and Community Health is focussed on improving access, rebalancing the system, and enhancing the quality, coordination and person-centredness of care in primary and community health care services. This will drive the Scottish Government's priority to shift the balance of care closer to home by strengthening primary care and community services, ensuring people receive the right care, in the right place, at the right time.

Acute and unscheduled care including through the Scottish Ambulance Service (SAS) and emergency departments, can be frequent touchpoints for acute presentations of alcohol and drug harms. Progress has been made through the SAS naloxone distribution programme and Peer Navigators within emergency departments.[108] These settings often provide short-term crisis care, and it is essential that they can respond effectively and facilitate clear pathways into longer-term treatment and support.

Wider specialist services including, but not limited to, hepatology, respiratory, cardiology, urology, and BBV and sexual health services also play an important role. As drug trends evolve and new physical and psychological harms emerge, services must remain agile and responsive. For example, the rise in non-prescribed ketamine use is associated with comorbidities that require specialist urology intervention.[109]

2 Primary care is the first point of contact with the NHS. This includes contact with community based services provided by general practitioners (GPs), community nurses, dentists, dental nurses, optometrists, dispensing opticians, pharmacists and pharmacy technicians. It can also be with allied health professionals such as physiotherapists and occupational therapists and midwives.

Women with substance use issues face unique barriers and specific needs in accessing healthcare, and this can be particularly acute during the **perinatal period**.[110] We are exploring pathways and good practice to demonstrate what high quality perinatal care should look like for women who use substances and their babies. This includes ensuring women receive appropriate support to make informed choices, including around reproductive health, and providing ongoing care for women whose children are removed from their care. We recognise that child removal can bring profound grief, trauma and disconnection and facilities such as the Aberlour Mother and Child Recovery Houses, supported through the Whole Family Wellbeing Funding Programme, provide valuable holistic care that can keep families together.

Supporting women during the pre-pregnancy period is also a vital opportunity to reduce risks and improve outcomes for both women and their babies. By acting early, we can prevent conditions like Fetal Alcohol Spectrum Disorders and Neonatal Abstinence Syndrome, and ensure every baby receives nurturing care - breaking cycles of harm and improving long-term health and wellbeing for future generations.

Commitment: We will work to ensure that the wider health system is accessible and responsive to the needs of people affected by substance use through:

- Exploring and addressing the specific needs of people who use substances within wider healthcare improvement work - including primary care, acute and specialist services.
- Embedding good practice on supporting women who use substances and their babies during the perinatal period.

Supporting access to wider welfare services

People affected by substance use can face a range of challenges that extend beyond their immediate health needs – such as homelessness, unemployment and financial insecurity. Existing initiatives, such as the MAT standards recognise this and set expectations for joined up support.

For individuals experiencing substance use issues and **homelessness**, we are committed to expanding the delivery of Housing First, recognising the foundational role that safe, stable accommodation can play in recovery. We will also explore the role of different forms of supported accommodation for individuals who cannot sustain or who do not want a mainstream tenancy as well as recovery housing for individuals accessing residential treatment. Additionally, integrating alcohol and drug services into the development and delivery of new homelessness prevention duties, including new ask and act duties for named relevant bodies such as health boards through the Housing (Scotland) Act 2025 should help ensure that housing support is tailored to the realities of substance use.

Employment can play an important role in recovery. Access to meaningful work can provide structure, identity, and financial independence, all of which can be protective factors against relapse and social exclusion.[111] The Scottish Government has published a range of employment toolkits including Guiding Principles, endorsed by COSLA, which offer employers best practice advice to support staff with lived and living experience of substance use. Access to **social security** is also crucial, as financial insecurity can exacerbate harm and create barriers to recovery. The Scottish Government is delivering activity to raise awareness of benefits and to ensure that people are receiving what they are entitled to.

Commitment: We will continue to ensure that welfare services are responsive to the needs of people affected by substance use through:

- Supporting the expansion of Housing First provision and exploring the role of other housing options for people experiencing substance use and homelessness, including supported housing and access to recovery housing.
- Ensuring that alcohol and drug services are involved in the development and implementation of the new duties to prevent homelessness.
- Continuing to support people with lived and living experience into work, by embedding the Employability Toolkits and Guiding Principles to ensure appropriate support.

Promoting a public health approach to justice

People with substance use issues are more likely to be involved with the criminal justice system as victims, witnesses or perpetrators of crime.[112] [113] The Scottish Government's National Strategy for Community Justice aims to prioritise tackling the root causes of crime and support rehabilitation, shifting the balance between the use of custody and community justice options. Evidence indicates that community sentences reduce reoffending more effectively than short custodial sentences and may offer greater opportunity for rehabilitation.[114] [115] Existing initiatives - including Diversion from Prosecution, Specialist Problem Solving Courts, and Arrest Referrals - aim to reduce harm and promote recovery.

Community justice options can in some cases be the most appropriate route for people with substance use issues, offering a more person-centred and tailored approach.[116] Interventions such as Community Payback Orders (CPOs), which can include treatment requirements, have consistently lower reconviction rates than short prison sentences.[117] Work continues to consider the effectiveness of community sentences and to ensure strong links to support services. New technologies, including remote alcohol monitoring, are being explored with the aim of encouraging behaviour change and reducing reoffending.

In prisons, NHS boards are funded to provide healthcare, and joint work across justice and health is driving improvements. The Scottish Prison Service's 10-year Alcohol and Drug Recovery Strategy aligns with our objectives including by taking a human rights-based approach, reducing stigma, delivering overdose prevention training and naloxone rollout, and strengthening prison-to-rehabilitation pathways. A multi-year Clinical IT project aims to improve healthcare throughout the prison journey. The National Prison and Police Care Networks[118] have developed a nationally consistent service model for clinical services in prisons as well as for people in police custody. These include actions to improve alcohol and drug services provided in custody.

Recovery in prison is supported by third sector organisations, offering peer mentoring, support, and release planning. Scotland's Prison to Rehab pathway enables people leaving custody to move directly into residential rehabilitation. **Voluntary throughcare support** is available for those released without statutory supervision requirements, helping to maintain continuity of care, which can reduce the likelihood of reoffending.

Individuals being released from custody represent a particularly high-risk population, including of drug-related death.[119] **National Throughcare Standards**, introduced by Section 13 of the Bail and Release from Custody (Scotland) Act 2023, will be developed in 2026 to ensure consistent support for all people leaving prison custody, leaving long-term and short-term sentences, or on a period of remand. These standards will be created in consultation with each health board and local authority, ensuring they address physical, mental health and substance use needs.

A 2025 review of police response to drug harm reduction by His Majesty's Inspectorate of Constabulary in Scotland found that Police Scotland embed a public health approach to reducing drug harm. This is supported by trauma-informed policing, local prevention work, and intelligence-led responses to emerging threats such as synthetic opioids and polydrug use, as well as work to disrupt high-harm supply chains. Recommendations have been made to further strengthen this approach.

Disrupting organised crime and diverting individuals away from criminal networks remain key priorities. The Scottish Government's Serious Organised Crime Strategy places strong emphasis on identifying key threats, disrupting supply routes, pursuing offenders and reducing harms caused by the illegal drug market. Police Scotland works closely with UK and international partners to remove illegal substances from communities and prisons. Through sustained partnership efforts, we strive to build safer communities and support individuals to transition away from criminal involvement.

The Scottish Government's revised Human Trafficking and Exploitation Strategy takes a public health approach and recognises that a shared preventative approach is vital to reduce vulnerability to exploitation.

Commitment: We will continue to promote a public health approach to justice through:

- Exploring ways to expand the use of community-based early interventions, problem solving courts and community sentences for people whose offending is linked to alcohol and drug use.
- Reviewing the current use of community interventions including CPOs, Drug Testing and Treatment Orders and structured deferred sentences to assess whether they can be used to better address the underlying causes of offending behaviour, including alcohol and drug use.
- Embedding recovery programmes across the prison estate to support people in prison and their families, with a focus on sustaining support during the transition and resettlement back into the community.
- Improving awareness and access to residential rehabilitation on release from prison and expanding this pathway across the wider justice system.
- Developing National Throughcare Standards and coordinated release planning, to ensure consistent, person-centred support for everyone leaving prison custody.

Case Study: Prison Recovery Communities

The Recovery from Within project, led by the Scottish Recovery Consortium and supported by the Scottish Government, is creating strong, peer-led recovery communities across Scottish prisons. The project has helped to make prisons safer and more hopeful environments, supporting individuals to recover from alcohol and drug use and reintegrate into their communities.

Through recovery cafés, workshops, and structured courses such as Recovery Essentials, Peer Support, and Facilitation Training, participants gain knowledge, skills, and confidence to support their own recovery and help others. A number of individuals progress to co-facilitating sessions for both prison staff and residents, strengthening the culture of recovery within the prison setting.

Post-liberation, participants often continue their recovery journey by engaging in local support groups. The support provided in prison is often described as key to helping people get well and find their recovery pathway. With this ongoing support, participants can feel confident in using the knowledge and skills they have learned in prison to grow and thrive in their recovery journey, while also supporting peers in their communities - communities they now feel part of.

Delivering in Partnership

Outcome: Partners collaborate effectively to support delivery and continuous improvement, driven by evidence and clear lines of accountability.

Successful delivery of the Plan requires strong partnership working and a whole system approach, with clear national direction and local flexibility. In line with the Charter of Rights, local areas must be empowered to design interventions that reflect their specific needs and challenges, with robust governance and accountability mechanisms in place to ensure effective implementation.

A thriving voluntary sector, skilled and resilient workforce and strong data, research and evidence practices are crucial. These elements enable compassionate care across all services and continuous improvement – ensuring that the Plan delivers meaningful outcomes.

Our key priorities for delivering in partnership include:

- Strengthening local accountability for delivery
- Supporting the voluntary sector
- Supporting a skilled and resilient workforce
- Streamlining national governance arrangements
- Continuous improvement of data, research and evidence

Strengthening local accountability for delivery

The Scottish Government and COSLA are in agreement that the local planning and delivery of alcohol and drugs services and wrap-around support is best provided through the ADP model, which has been in place in some guise since 2009. However, we recognise that the non-statutory nature of ADPs and evolution of the service landscape over time, has led to a lack of clarity and consistency in the broad understanding of roles and responsibilities.

The original Partnership Delivery Framework published in 2019[120] predated the redoubled efforts and expectations set out in the National Mission. It became clear over the course of the Mission that the underlying provisions for structure and governance of partnership working therein were insufficiently comprehensive and robust to support ADP Chairs, Coordinators, and partners effectively.[121]

Through consultation with a range of partners, not least ADP Chairs and Coordinators, the Scottish Government and COSLA have produced a revised Partnership Delivery Framework, published alongside this Plan. This provides greater clarity on the roles and systems of accountability at the local level and the responsibilities of integration authorities, health boards and ADPs.

Commitment: We will continue to strengthen local accountability for delivery through:

- Embedding and keeping under ongoing review, the Partnership Delivery Framework to ensure that it remains fit for purpose in providing all partners with a clear understanding of their roles and responsibilities.
- Facilitating improved communication and engagement amongst ADPs and other stakeholders.
- Supporting enhanced capacity and consistency across ADP chairs and officers, whilst protecting the autonomy and flexibility of local planning and decision-making.
- Improving transparency of local, regional and national planning for alcohol and drugs services.
- Providing enhanced national guidance on the consistent and effective conduct of local alcohol-related and drug-related death reviews.

Supporting the voluntary sector

A resilient and sustainable voluntary sector is vital to the successful delivery of this Plan. The local organisations and community groups funded through the National Drugs Mission Funds administered by the Corra Foundation have supported thousands of individuals between 2021/22 and 2025/26, offering targeted support rooted in local knowledge and needs, underpinning statutory support. Volunteers who willingly contribute their time, skills and lived experience form a substantial yet often unseen backbone of Scotland's recovery ecosystem. Volunteers can be the first trusted point of contact for people who feel excluded from services, providing continuity, safety and relational support. With the expertise and compassion of volunteers, local communities and organisations are the experts at knowing what works for their area and are able to help create targeted support mechanisms for those that need it.

Alongside the funding and commissioning of third sector organisations by local authorities and integration authorities, the Scottish Government has also provided direct support to key national third sector organisations that act as a vital bridge between government, services and people with lived and living experience. Our focus remains on sustaining a strong and resilient network of national third sector organisations to meet emerging needs.

Commitment: We will continue to invest in voluntary sector partners through:

- A refreshed Alcohol and Drugs fund to support local and community organisations, providing multi-year funding.
- Developing a multi-year funding framework for third sector organisations working at the national level.
- Working with ADPs to build strategic alignment between government-led funding frameworks and local strategic plans.

Supporting a skilled and resilient workforce

A skilled, supported and resilient workforce is central to the successful delivery of this Plan – not only across specialist alcohol and drug services, but also the wider workforce that provide holistic support to people affected by substance use.

We recognise persistent challenges in specialist alcohol and drug services, including workforce capacity, retention, and the risk of burnout.[122] Addressing these issues is critical to sustaining high-quality care and improving outcomes. The Scottish Government's Drugs and Alcohol Workforce Action Plan set out key actions to address these workforce challenges.

As part of the Workforce Plan, a suite of workforce resources were developed to attract more people with lived and living experience into the workforce and strengthen skills, consistency and culture across the alcohol and drugs sector. These include two Employability Toolkits, one for people with lived and living experience of substance use looking to pursue careers in the alcohol and drug sector and one for employers. The toolkits are designed to promote inclusive recruitment and the development of fair and sustainable employment practices. They highlight the value of lived and living experience within the workforce, acknowledging that people who have navigated recovery themselves can offer unique insight and guidance to others though peer support. The Guiding Principles offer employers best practice advice to provide effective support to staff with lived and living experience, helping to foster inclusive and rights-based workplace cultures. More broadly, the comprehensive Knowledge and Skills Framework defines the core competencies required across all roles and the online Learning Directory provides access to training and professional development opportunities aligned to these competencies. Together, these products create a coherent foundation for workforce development and continuous learning.

In addition, key initiatives such as the Scottish Drugs Forum's National Traineeship, the Royal College of General Practitioners' Certificate in Management of Problem Drug Use, and the Humanising Healthcare project have also demonstrated impact.[123] [124] [125] These programmes not only build workforce capacity but also challenge stigma and promote understanding of substance use across health and social care.

Commitment: We will continue to support the workforce through:

- Continuing to promote the Knowledge and Skills Framework and the Learning Directory across all services.
- Continuing to support people with lived and living experience into the workforce, by embedding the Employability Toolkits and Guiding Principles to ensure appropriate support.
- Reviewing progress against the Workforce Action Plan and identifying areas requiring further support.
- Ensuring workforce development supports implementation of the Charter of Rights and promotes trauma-informed, rights-based practice.
- Promoting available training and support in trauma-informed approaches available through the National Trauma Transformation Programme, and on gender-based violence and substance use.

Streamlining national governance arrangements

The National Mission saw the establishment of the National Mission Oversight Group whose remit was to hold the Scottish Government to account on the recommendations from the Drug Deaths Taskforce. Moving forward, our governance arrangements will be refreshed to ensure alignment with the wider health and social care reform agenda governance structures. This will include establishing effective joint Scottish Government and COSLA governance and accountability to deliver on our vision and the ambitions set out in this Plan.

Commitment: We will ensure proportionate and robust joint governance and advisory arrangements at a national level through:

- Refreshing and refining advisory structures.
- Connecting and aligning with joint governance of the Service Renewal Framework and Population Health Framework.
- Ensuring the representation of people with lived and living experience in governance structures.

Continuous improvement of data, research and evidence

The National Mission has strengthened data and surveillance systems to guide service delivery, evidence-based policy, and public information. Around £4.5m has been invested in data and monitoring - covering mortality, harms, treatment, toxicology, and population data, alongside surveillance, reporting, research and evaluation programmes. This includes RADAR (Scotland's drugs early warning system) and the independent evaluation of the National Mission by PHS.

Robust data, research and analysis remain essential to identifying emerging trends, understanding experiences and ensuring that policy and delivery is evidence informed. Data systems must be flexible and innovative to adapt to changing circumstances without placing undue reporting pressure on service providers. High-quality independent evaluation remains of key importance, particularly for interventions which are new to Scotland. A key area for ongoing improvement is embedding the perspective of people with lived and living experience at the heart of monitoring and evaluation.

Commitment: We will continue to support the improvement of data, research and evidence through:

- Developing a data and evidence roadmap to align with the priorities in this Plan, respond to emerging public health concerns, and improve performance management.
- Maintaining a focus on independent evaluation, ensuring it remains embedded in future policy development and delivery.
- Continuing to support knowledge sharing and research, including academic, clinical and peer research.
- Continuing to collaborate with the SG Chief Scientist Office and UK Office for Life Sciences to explore and support the development of innovative treatment technologies.

Case Study: Alcohol & Drug Death Reviews

Drug and alcohol death review groups are local, multi-agency groups operating at ADP level that examine drug- or alcohol-related deaths, identify missed opportunities and recommend improvements. Reviews analyse personal, clinical, social, and service use history, drawing on information from health services, police, toxicology, social work, prisons, and third sector agencies. Patterns across cases can highlight recurring themes which are used to advise ADPs and other partners on changes that could prevent future deaths, and strengthen public protection work.

Alcohol Focus Scotland undertook analysis of alcohol death reviews conducted across Scotland. This work identified a consistent profile of alcohol related deaths, with high levels of alcohol related liver disease with warning signs often recorded years before death highlighting a prolonged and preventable trajectory of harm. Reviews also pointed to recurring issues of social isolation, deprivation, and comorbidities, particularly mental health conditions. Although many individuals had repeated contact with health services, particularly emergency departments, engagement with specialist alcohol services was often inconsistent. Collective learning from the reviews produces actionable intelligence to guide targeted interventions and strengthen multi-agency awareness, both nationally and locally.

National level review of drug deaths has contributed to the National Drug-related Deaths Database, which provides a comprehensive picture of the complex health and social care needs of individuals who have died, and highlights key potential areas for intervention. These pieces of work highlight the importance of partners coming together to build a holistic, evidence-based understanding of the circumstances surrounding deaths and ensuring learning is fed back into the system.

Glossary

ACRONYMS

ABI: Alcohol Brief Intervention

ADP: Alcohol and Drug Partnership

BBV: Blood borne virus

CPO: Community payback order

DAISy: Drug and Alcohol Information System

ELF: Enhanced Liver Fibrosis test

EqIA: Equality Impact Assessment

GIRFE: Getting It Right For Everyone

GIRFEC: Getting It Right For Every Child

HIS: Healthcare Improvement Scotland

iLFT: Intelligent Liver Function Test

LGBTQI+: Lesbian, Gay, Bisexual, Transgender, Queer, Intersex Plus

MAT: Medication Assisted Treatment

MUP: Minimum Unit Pricing

OAT: Opioid Agonist Therapy

PHS: Public Health Scotland

RADAR: Rapid Action Drug Alerts and Response

SAS: Scottish Ambulance Service

SDCF: Safer Drug Consumption Facility

WHO: World Health Organization

UN: United Nations

KEY TERMS

ADP: ADPs provide a structured mechanism to support coordination, planning, assurance, and improvement for alcohol and drug services within existing statutory governance arrangements. An ADP brings together local partners including health boards, local authorities, integration authorities, police and voluntary agencies.

Duty-bearers: The primary 'duty bearer' is the Scottish Government. In the context of substance use this also includes local government, health and social care providers, scrutiny bodies, police, prisons, tribunals, courts and other relevant bodies. Certain private bodies carrying out public services are also 'duty bearers'.

Families: For the purpose of this document, 'families/family' can mean adoptive, biological, foster, kinship, extended, composite and others, for example settings and homes that have felt like family. Family can also take the form of formal and informal support networks and any other 'Concerned Significant Others' e.g. Power of Attorney or Legal Guardian.

Family inclusive practice: Professionals working together with a person's family or the people who provide support to them. The goal is to understand the needs of family members, or carers, affected by substance use, and ensure that they receive support in their own right, and where possible that they are included in decisions affecting their loved one.

Human rights: The basic rights and freedoms that belong to every person in the world. They can never be taken away, although they can, in specific circumstances, sometimes be restricted.

Human rights-based approach: A way of empowering people to know and claim their rights. It increases the ability and accountability of individuals, organisations and the relevant professionals who are responsible for respecting, protecting and fulfilling rights. This means giving people greater opportunities to participate in shaping the decisions that impact on their human rights.

Psychological trauma: Traumatic experiences affect most people at some stage and their impact is unique to each person. Some people have experiences that are physically or emotionally harmful or life threatening. Psychological trauma can impact people's ability to feel safe in relationships and to manage strong emotions. Many settings can remind people of the trauma they have experienced. Trauma can create invisible barriers to some services and can mean that people are not able to access the care and support they need.

Rights-holders: In the context of substance use, this refers to people affected by substance use who identify and claim their human rights under a legal framework.

Recovery: Recovery is defined differently by people with different experiences but generally refers to people making changes to their alcohol and drug use to improve their health and wellbeing.

Severe and multiple disadvantage: The experience of multiple, overlapping forms of disadvantage, most commonly including: homelessness, substance use, mental ill health, domestic abuse and offending or contact with the justice system.

Stigma: The social process of devaluing a person by labelling them as different then attributing negative values to those differences.

Whole family approach: The delivery of co-ordinated stigma-free services, guided by families' needs and nationally agreed principles, delivered by multiple agencies and partners to improve wellbeing, prevent crisis, and support recovery from trauma and loss.

Annex A: Outcomes & Priorities

The below table provides an overview of the outcomes and priority areas.

Human Rights-Based Approach
People affected by alcohol and drugs have their human rights fulfilled.
• Charter of Rights • Lived and living experience • Stigma • Non-discrimination and equality

Prevention & Early Intervention	Harm Reduction	Treatment & Care	Wider Circle of Support
Fewer people develop problem alcohol and drug use.	Harm is reduced for people who use alcohol and drugs.	People affected by alcohol and drugs receive high quality treatment and care services.	People affected by alcohol and drugs have their wider needs supported by compassionate joined-up services.
• Availability, affordability and attractiveness of alcohol • Healthy development of children and young people • Targeted support for at risk communities • Early intervention for at risk individuals	• Connection and outreach • Scotland's surveillance and early warning system • Naloxone programme • Harms from injecting • Established and emerging ways to reduce drug harms • Alcohol related harms	• Overarching system for improved quality of services • Equal focus on alcohol and drug treatment • Responding to changing trends • Residential services • Wider communities of care	• Joined up and person-centred approach across all services • Co-occurring substance and mental health issues • Wider health system • Welfare services • Public health approach to justice

Delivering in Partnership
Partners collaborate effectively to support delivery and continuous improvement, driven by evidence and clear lines of accountability.
• Local accountability for delivery • Voluntary sector • Workforce • National governance arrangements • Data, research and evidence

Annex B: Commitments

HUMAN RIGHTS-BASED APPROACH

1. We will continue to embed the Charter of Rights through:

a. Identifying and maximising opportunities to increase visibility of the Charter and promote rights-based approaches across the public sector.

b. Utilising the FAIR approach alongside the Panel Principles and the AAAQ framework to embed the Charter within key frameworks, including the National Service Specification, the revised Partnership Delivery Framework for ADPs, and future national standards and quality assurance processes for substance use services.

c. Ensuring the ethos of the Charter is reflected in relevant grant processes and procurement frameworks for future funding programmes.

d. Building oversight of the Charter's implementation into governance structures for alcohol and drugs, ensuring clear accountability for progress and delivery.

2. We will continue to empower people and families with lived and living experience of substance use harms through:

a. Supporting initiatives that enable meaningful and sustained engagement, including recovery communities and living experience empowerment work.

b. Ensuring meaningful participation in the design, delivery and monitoring of services through local and national governance structures.

c. Strengthening the consistent offer and integration of independent advocacy within care pathways, in line with MAT Standard 8, so that people are aware of and able to exercise their rights.

3. We will continue to take action to tackle stigma through:

a. Building on interventions such as the Knowledge and Skills Framework and Pathways to Employment to challenge stigma and recognise the value of people with lived experience in the workplace.

b. Continuing to support initiatives that challenge stigma in services by promoting compassionate, rights-based approaches and amplifying the voices of people with lived experience.

c. Supporting service providers to identify, interrogate and amend policies and procedures that inadvertently or otherwise result in stigmatising practices.

d. Exploring alignment with wider campaigns to tackle broader elements of stigma in services.

4. We will embed the human rights principle of non-discrimination and equality across service delivery through:

a. Utilising and improving data and service feedback to identify inequalities, inform decision-making, and continuously improve service equity and outcomes.

b. Embedding a gendered approach in the design and delivery of policies, and services to address the distinct challenges faced by women and men.

c. Maximising opportunities through the design and implementation of our funding approach to meet equality needs.

PREVENTION & EARLY INTERVENTION

5. We will continue to reduce population level alcohol harms through:

a. Implementing an alcohol harm prevention action plan to be published later in 2026, which will target the attractiveness, affordability and availability of alcohol – with appropriate engagement undertaken with stakeholders, including in clinical and public health sectors and in business and industry, on the impact and effect of potential actions.

6. We will continue to support the healthy development of children and young people through:

a. Embedding appropriate support and advice on the risks of alcohol and drug use during pregnancy across preconception care, maternity services and early childhood services such as health visiting and the Family Nurse Partnership.

b. Supporting community-based prevention activities through effective collaboration between ADPs, Community Planning Partnerships and local partners.

c. Supporting the development of age and stage appropriate alcohol and drug education and prevention resources – as part of the wider curriculum review.

d. Supporting the implementation of national guidance to aid education authorities to update local policies for responding to substance use in school settings.

7. We will continue to pursue targeted prevention measures through:

a. Supporting targeted initiatives for communities at higher risk of developing substance use issues.

b. Supporting local areas to embed a whole family approach and family-inclusive practice, in line with the 'Families Affected by Drug and Alcohol Use in Scotland Framework'.

8. We will continue to support early intervention measures through:

a. Supporting services to implement the Standards for Young People Accessing Treatment or Support for Alcohol or Drugs.

b. Raising awareness of and targeting support around high risk life-course events.

c. Learning from the recommendations of the 2024 ABI review by PHS and implementing these where appropriate, including by expanding ABIs into a wider range of settings and developing tools to support conversations.

HARM REDUCTION

9. We will continue to promote harm reduction services and build and expand upon assertive outreach work through:

a. Supporting the provision of tailored harm reduction information, advice and support.

b. Clarifying the need for assertive outreach within alcohol and drug services as noted in the National Service Specification and in the development of standards of support for all drugs and alcohol treatment (covered in the Treatment and Care Chapter).

10. We will continue to optimise processes and strengthen capabilities, to ensure that our surveillance and early warning systems are responsive to emerging threats through:

a. Continuous improvement of data collection and analysis.

b. A co-ordinated approach to local and national incident management.

c. Enhancing dissemination of intelligence on emerging harms.

11. We will continue to ensure naloxone access keeps up with changing demand in the context of emerging drug trends through:

a. Providing national guidance to clarify legal practices, recent legislative changes, and dosage protocols.

b. Interventions aimed at promoting carriage and recommended use of naloxone in response to changing drug supply and behaviours.

c. Further expanding distribution, such as through pharmacies, community venues, the night-time economy and encouraging innovative new approaches such as applications showing where naloxone is available locally.

d. Enhancing research and data collection methods, in alignment with the recommendations from the Naloxone Reporting Short-Life Working Group, convened by PHS.

12. We will continue to support initiatives that reduce harms from injecting through:

a. Working to eliminate HIV transmission and hepatitis C as a public health concern, including through delivery of new targets to increase annual testing in recovery services and prisons.

b. Exploring, and responding to, the reasons for the recent decline in hepatitis B vaccination amongst people who inject drugs.

c. Continuing provision of clinical harm reduction care for people who inject drugs including injecting equipment provision services.

d. Continuing to collect data on injecting equipment provision and injecting harms, with ongoing review to ensure services are appropriately targeted.

e. Exploring the provision of safer inhalation devices and the potential for safer inhalation spaces in safer drug consumption facilities.

13. We will continue to support established and innovative drug harm reduction measures through:

a. Supporting more local areas to develop proposals for safer drug consumption facilities where appropriate.

b. Exploring options to expand access to drug checking, including alternative delivery models such as mobile units or postal services.

c. Exploring opportunities to utilise new innovations such as wearable devices to monitor heart/breath rates.

d. Supporting continued research on harm reduction measures including drugs to reverse benzodiazepine overdoses.

14. We will continue to support initiatives to reduce alcohol related harms through:

a. Promoting the recommended harm reduction initiatives in the Clinical Guidelines for Alcohol Treatment.

b. Promoting earlier detection of liver disease through wider use of fibrosis and liver function testing, broader rollout of the iLFT pathway, and increased use of non invasive mobile liver scanning.

c. Reviewing the residential Managed Alcohol Programme pilot to investigate the effectiveness of programmes supporting controlled alcohol intake.

TREATMENT & CARE

15. We will work to establish an overarching system for improved quality of services through:

a. Supporting successful take up of the National Service Specification.

b. Improving treatment pathways in alcohol and drug services and connections to primary, acute and specialist settings.

c. Continuing to embed the MAT standards.

d. Working with stakeholders to develop standards of support for all drugs and alcohol treatment.

e. Continuing to develop and improve DAISy to become the primary monitoring and reporting tool for treatment services.

f. Working with HIS, Care Inspectorate and other partners to prepare for external scrutiny against the standards.

16. We will increase focus on alcohol services and care in community and specialist treatment services through:

a. Promoting the use of Clinical Guidelines for Alcohol Treatment which cover the full range of treatments.

b. Commissioning a national needs assessment for alcohol treatment and care services.

c. Working with health boards to improve multi-agency alcohol-specific support for people in acute settings and considering an expansion of the formal Alcohol Care Team model.

d. Ensuring longer-term support and care is in place in acute settings, such as for alcohol related brain damage.

17. We will adapt to changing trends through:

a. Continuing to learn from surveillance on alcohol and drug trends and supporting services to adapt to new and emerging threats.

b. Continuing to support OAT as a protective treatment for opiate dependency.

c. Supporting ADPs to develop and publicise treatment and care options for benzodiazepines, cocaine, and other non-opiates.

d. Supporting research into treatment options for problem use of benzodiazepines, cocaine, synthetic opioids and other emerging substances of concern.

18. We will reduce barriers for those seeking residential services through:

a. Maintaining the target of 1000 publicly funded residential rehabilitation placements per year as a minimum for Scottish residents, and keeping this under review to ensure it aligns with need and system capacity.

b. Increasing access to residential detox services and improving direct pathways from detox to residential rehabilitation and beyond to community based care.

c. Conducting a feasibility study to explore ways to expand access to other services such as stabilisation, crisis care, and long-term support for specialist conditions such as alcohol related brain damage.

19. We will continue to support wider communities of care through:

a. Embedding the whole family approach and family-inclusive practice, in line with the 'Families Affected by Drug and Alcohol Use in Scotland Framework'.

b. Supporting the role of, and making better links from services to, recovery communities and mutual aid.

WIDER CIRCLE OF SUPPORT

20. We will continue to promote a joined up and person-centred approach across all services through:

a. Improving coordinated support for people facing severe and multiple disadvantage.

b. Collaborating with the National Public Protection Leadership Group to address the interconnectedness of risk across protection areas to better support individuals and families at risk of harm.

21. We will continue to support work to address co-occurring substance and mental health issues through:

a. Enabling local areas to implement and embed protocols for people with co-occurring mental health and substance use issues.

b. Building on work to improve unplanned and urgent mental health care to support the needs of people with co-occurring mental health and substance use issues.

22. We will work to ensure that the wider health system is accessible and responsive to the needs of people affected by substance use through:

a. Exploring and addressing the specific needs of people who use substances within wider healthcare improvement work - including primary care, acute and specialist services.

b. Embedding good practice on supporting women who use substances and their babies during the perinatal period.

23. We will continue to ensure that welfare services are responsive to the needs of people affected by substance use through:

a. Supporting the expansion of Housing First provision and exploring the role of other housing options for people experiencing substance use and homelessness, including supported housing and access to recovery housing.

b. Ensuring that alcohol and drug services are involved in the development and implementation of the new duties to prevent homelessness.

c. Continuing to support people with lived and living experience into work, by embedding the Employability Toolkits and Guiding Principles to ensure appropriate support.

24. We will continue to promote a public health approach to justice through:

a. Exploring ways to expand the use of community-based early interventions, problem solving courts and community sentences for people whose offending is linked to alcohol and drug use.

b. Reviewing the current use of community interventions including CPOs, Drug Testing and Treatment Orders and structured deferred sentences to assess whether they can be used to better address the underlying causes of offending behaviour, including alcohol and drug use.

c. Embedding recovery programmes across the prison estate to support people in prison and their families, with a focus on sustaining support during the transition and resettlement back into the community.

d. Improving awareness and access to residential rehabilitation on release from prison and expanding this pathway across the wider justice system.

e. Developing National Throughcare Standards and coordinated release planning, to ensure consistent, person-centred support for everyone leaving prison custody.

DELIVERING IN PARTNERSHIP

25. We will continue to strengthen local accountability for delivery through:

a. Embedding and keeping under ongoing review, the Partnership Delivery Framework to ensure that it remains fit for purpose in providing all partners with a clear understanding of their roles and responsibilities.

b. Facilitating improved communication and engagement amongst ADPs and other stakeholders.

c. Supporting enhanced capacity and consistency across ADP chairs and officers, whilst protecting the autonomy and flexibility of local planning and decision-making.

d. Improving transparency of local, regional and national planning for alcohol and drugs services.

e. Providing enhanced national guidance on the consistent and effective conduct of local alcohol-related and drug-related death reviews.

26. We will continue to invest in voluntary sector partners through:

a. A refreshed Alcohol and Drugs fund to support local and community organisations, providing multi-year funding.

b. Developing a multi-year funding framework for third sector organisations working at the national level.

c. Working with ADPs to build strategic alignment between government-led funding frameworks and local strategic plans.

27. We will continue to support the workforce through:

a. Continuing to promote the Knowledge and Skills Framework and the Learning Directory across all services.

b. Continuing to support people with lived and living experience into the workforce, by embedding the Employability Toolkits and Guiding Principles to ensure appropriate support.

c. Reviewing progress against the Workforce Action Plan and identifying areas requiring further support.

d. Ensuring workforce development supports implementation of the Charter of Rights and promotes trauma-informed, rights-based practice.

e. Promoting available training and support in trauma-informed approaches available through the National Trauma Transformation Programme, and on gender-based violence and substance use.

28. We will ensure proportionate and robust joint governance and advisory arrangements at a national level through:

a. Refreshing and refining advisory structures.

b. Connecting and aligning with joint governance of the Service Renewal Framework and Population Health Framework.

c. Ensuring the representation of people with lived and living experience in governance structures.

29. We will continue to support the improvement of data, research and evidence through:

a. Developing a data and evidence roadmap to align with the priorities in this Plan, respond to emerging public health concerns, and improve performance management.

b. Maintaining a focus on independent evaluation, ensuring it remains embedded in future policy development and delivery.

c. Continuing to support knowledge sharing and research, including academic, clinical and peer research.

d. Continuing to collaborate with the SG Chief Scientist Office and UK Office for Life Sciences to explore and support the development of innovative treatment technologies.

Annex C: Related National Policies & Strategies

Various national policies and strategies play a vital role in preventing substance use issues from arising and supporting those affected by alcohol and drugs. A non-exhaustive list of related policies are included below, highlighting the breath of activity across Scotland.

Children, young people and families

- Best Start, Bright Futures: Tackling Child Poverty Delivery Plan
- Corporate Parenting
- Early Child Development Programme
- Getting it Right for Every Child
- Getting it Right For Everyone
- Health and Wellbeing in Schools
- Holistic Whole Family Support: Routemap and National Principles
- Keeping The Promise
- National Youth Work Strategy

Economy and employment

- National Strategy for Economic Transformation
- No One Left Behind: Employability Strategic Plan

Health and social care reform

- Health and Social Care Service Renewal Framework
- Population Health Framework

Housing and homelessness

- Ending Homelessness Together
- Housing to 2040
- Tackling Scotland's Housing Emergency

Equality and human rights

- Charter of Rights for People Affected by Substance Use
- Equality and Human Rights Mainstreaming Strategy
- Human Rights Bill for Scotland Discussion Paper
- United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024

Justice

- Human Trafficking and Exploitation Strategy
- National Strategy for Community Justice
- Prison to Rehab Protocol
- Serious Organised Crime Strategy
- The Vision for Justice in Scotland

Mental health

- Creating Hope Together: Scotland's Suicide Prevention Strategy
- Mental Health and Wellbeing: Strategy
- National Trauma Transformation Programme

Social care

- Adult Social Care Support and Community Health: Draft Scottish Learning and Improvement Framework
- Care Reform (Scotland) Act 2025

Sexual health and blood borne viruses

- Ending HIV Transmission in Scotland by 2030: HIV Transmission Elimination Delivery Plan
- Sexual Health and Blood Borne Virus Action Plan

Tobacco and vaping

- Tobacco and Vaping Framework: Roadmap to 2034

Transport

- Transport to health: delivery plan

Violence against women and girls

- Equally Safe Strategy
- Strategic Approach - Prostitution - Challenging and Deterring Men's Demand

Women's health

- Women's Health Plan
- The Best Start: Five-Year Plan for Maternity and Neonatal Care

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